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AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

Children's Intellectual Growth

Problems of Families with PKU

Differential Uses of Personnel

Suburbia as a Source of Foster Care

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THE EYES ARE OPENING to the wonders of the world, not just the eyes of the baby rabbits but also those of these children from an overcrowded inner-city neighborhood. The opportunity for this exciting experience is provided the children in an after-school program sponsored by the Play Schools Association, an organization that stresses the importance of play in the development of the school-age child. That play opportunities are also important as stimuli to the intellectual development of children in their preschool years is a major point made in the article which appears on pages 83–91 of this issue.

With a Research Career Award from the National Institutes of Health, J. McVicker Hunt is focusing on the role of infantile experience in the development of intelligence and motivation. For 10 years he taught at Brown University, and for 10 more served as coordinator of training in clinical psychology at the University of Illinois, where he is a professor. For 5 years he served as director of the Institute of Welfare Research in the Community Service Society of New York.

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HOW CHILDREN DEVELOP INTELLECTUALLY

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THE TASK of maximizing the intellectual potential of our children has acquired new urgency. Two of the top challenges of our day lie behind this urgency. First, the rapidly expanding role of technology, now taking the form of automation, decreases opportunity for persons of limited competence and skills while it increases opportunity for those competent in the use of written language, in mathematics, and in problem solving. Second, the challenge of eliminating racial discrimination requires not only equality of employment opportunity and social recognition for persons of equal competence, but also an equalization of the opportunity to develop that intellectual capacity and skill upon which competence is based.

During most of the past century anyone who entertained the idea of increasing the intellectual capacity of human beings was regarded as an unrealistic "do-gooder." Individuals, classes, and races were considered to be what they were because either God or their inheritance had made them that way; any attempt to raise the intelligence quotient (IQ) through experience met with contempt. Man's nature has not changed since World War II, but some of our conceptions of his nature have been changing rapidly. These changes make sensible the hope that, with improved understanding of early experience, we might counteract some of the worst effects of cultural deprivation and raise substantially the average level of intellectual capacity. This paper will attempt to show how and why these conceptions are changing, and will indicate the implications of these changes for experiments designed to provide corrective early experiences to children and to feed back information on ways of counteracting cultural deprivation.

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Changing Beliefs

Fixed Intelligence. The notion of fixed intelligence has roots in Darwin's theory that evolution takes place through the variations in strains and species which enable them to survive to reproduce themselves. Finding in this the implicit assumption that adult characteristics are determined by heredity, Francis Galton, Darwin's younger cousin, reasoned that the improvement of man lies not in education, or euthenics, but in the selection of superior parents for the next generation—in other words, through eugenics. To this end, he founded an anthropometric laboratory to give simple sensory and motor tests (which failed, incidentally, to correlate with the qualities in which he was interested), established a

eugenics society, and imparted his beliefs to his student, J. McKeen Cattell, who brought the tests to America.

About the same time G. Stanley Hall, an American who without knowing Darwin became an ardent evolutionist, imparted a similar faith in fixed intelligence to his students, among them such future leaders of the intelligence testing movement as H. H. Goddard, F. Kuhlmann, and Lewis Terman.[1] This faith included a belief in the constant intelligence quotient. The IQ, originally conceived by the German psychologist Wilhelm Stern, assumes that the rate of intellectual development can be specified by dividing the average age value of the tests passed (mental age) by the chronological age of the child.

The considerable debate over the constancy of the IQ might have been avoided if the work of the Danish geneticist Johannsen had been as well known in America as that of Gregor Mendel, who discovered the laws of hereditary transmission. Johannsen distinguished the genotype, which can be known only from the ancestry or progeny of an individual, from the phenotype, which can be directly observed and measured. Although the IQ was commonly treated as if it were a genotype (innate capacity), it is in fact a phenotype and, like all phenotypes (height, weight, language spoken), is a product of the genotype and the circumstances with which it has interacted.[1]

Johannsen's distinction makes possible the understanding of evidence dissonant with the notion of fixed intelligence. For instance, identical twins (with the same genotype) have been found to show differences in IQ of as much as 24 points when reared apart, and the degree of difference appears to be related to the degree of dissimilarity of the circumstances in which they were reared. Also, several investigators have reported finding substantial improvement in IQ after enrichment of experience, but their critics have attributed this to defects in experimental control.

When results of various longitudinal studies available after World War II showed very low correlation between the preschool IQ and IQ at age 18, the critics responded by questioning the validity of the infant tests, even though Nancy Bayley [2] had actually found high correlations among tests given close together in time. Blaming the tests tended to hide the distinction that should have been made between cross-sectional validity and predictive validity: What a child does in the testing situation correlates substantially with what he will do in other situations, but attempting to predict what an IQ will be at age 18 from tests given at ages from birth to 4 years, before the schools have provided at least some standardization of circumstances, is like trying to predict how fast a feather will fall in a hurricane.

Predetermined Development. Three views of embryological and psychological development have held sway in the history of thought: preformationism, predeterminism, and interactionism.[1] As men gave up preformationism, the view that the organs and features of adulthood are preformed in the seed, they turned to predeterminism, the view that the organs and features of adulthood are hereditarily determined. G. Stanley Hall in emphasizing the concept of recapitulation—that the development of the individual summarizes the evolution of his species—drew the predeterministic moral that each behavior pattern manifest in a child is a natural stage with which no one should interfere. The lifework of Arnold Gesell exemplifies the resulting concern with the typical or average that has shaped child psychology during the past half century.

The theory of predetermined development got support from Coghill's finding that frogs and salamanders develop behaviorally as they mature anatomically, from head-end tailward and from inside out, and from Carmichael's finding that the swimming patterns of frogs and salamanders develop equally well whether inhibited by chloretone in the water or stimulated by vibration. Such findings appeared to

An infant undertaking a test for brightness and coordination at the National Institutes of Health. Infant tests, according to current theory, have meaning in relation to a child's present development but little predictive value.

generalize to children: The acquisition of such skills as walking, stair climbing, and buttoning cannot be speeded by training or exercise; Hopi children reared on cradleboards learn to walk at the same age as Hopi children reared with arms and legs free.[3]

Again, however, there was dissonant evidence. Although Cruze found that chicks kept in the dark decreased their pecking errors during the first 5 days after hatching—a result consonant with predeterminism—he also found that chicks kept in the dark for *20* days failed to improve their pecking. Moreover, studies of rats and dogs, based on the theorizing of Donald Hebb, suggest that the importance of infantile experience increases up the phylogenetic scale.[4]

Evidence that such findings may apply to human beings comes from studies by Goldfarb[5] which indicate that institutional rearing (where the environment is relatively restricted and unresponsive) results in lower intelligence, less ability to sustain a task, and more problems in interpersonal relations than foster-home rearing (where the environment provides more varied experiences and responsiveness). Wayne Dennis[6] has found that in a Teheran orphanage, where changes in ongoing stimulation were minimal, 60 percent of the 2-year-olds could not sit alone and 85 percent of the 4-year-olds could not walk alone. Such a finding dramatizes the great effect preverbal experience can have on even the rate of locomotor development. Presumably the effect on intellectual functions would be even greater.

Static Brain Function. In 1900, when C. Lloyd Morgan and E. L. Thorndike were attempting to explain learning in terms of stimulus-response bonds, they used the newly invented telephone as a mechanical model of the brain's operation. Thus they envisioned the brain as a static switchboard through which each stimulus could be connected with a variety of responses, which in turn could become the stimuli for still other responses.

Soon objective stimulus-response methodology produced evidence dissonant with this switchboard model theory, implying some kind of active processes going on between the ears. But it took the programing of electronic computers to clarify the general nature of the requirements for solving logical problems. Newell, Shaw, and Simon[7] describe three major components of these requirements: (1) memories, or information, coded and stored; (2) operations of a logical sort which can act upon the memories; and (3) hierarchically arranged programs of these operations for various purposes. Pribram[8] found a likely place for the brain's equivalents of such components within the intrinsic portions of the cerebrum which have no direct connections with either incoming fibers from the receptors of experience or outgoing fibers to the muscles and glands.

So, the electronic computer supplies a more nearly adequate mechanical model for brain functioning. Thus, experience may be regarded as programing the intrinsic portions of the cerebrum for learning and problem solving, and intellectual capacity at any given time may be conceived as a function of the nature and quality of this programing.[1, 9]

As Hebb[4] has pointed out, the portion of the brain directly connected with neither incoming nor outgoing fibers is very small in animals such as frogs and salamanders, whence came most of the evidence supporting the belief in predetermined development. The increasing proportion of the intrinsic portion of the brain in higher animals suggests an anatomic basis for the increasing role of infantile experience in development, as evidenced by the greater effect of rearing on problem solving ability in dogs than in rats.[9] Frogs and salamanders have a relatively higher capacity for regeneration than do mammals. This suggests that the chemical factors in the genes may have more complete control in these lower forms than they have further up the phylogenic scale.

Motivation by Need, Pain, and Sex. Our conception of motivation is also undergoing change. Although it has long been said that man does not live by bread alone, most behavioral scientists and physiologists have based their theorizing on the assumption that he does. Freud popularized the statement that "all behavior is motivated." He meant motivated by painful stimulation, homeostatic need, and sexual appetite or by acquired motives based on these; and this concept has generally been shared by physiologists and academic behavioral theorists.

Undoubtedly, painful stimulation and homeostatic need motivate all organisms, as sex motivates all mammalian organisms, but the assertion that all behavior is so motivated implies that organisms become quiescent in the absence of painful stimulation, homeostatic need, and sexual stimulation. Observation stubbornly indicates that they do not: Young animals and children are most likely to play in the absence of such motivation; young rats, cats, dogs, monkeys, chimpanzees, and humans work for nothing more substantial than the opportunity to perceive, manipulate, or explore novel circumstances.

This evidence implies that there must be some additional basis for motivation.

Reflex *vs.* Feedback. A change in our conception of the functional unit of the nervous system from the reflex arc to the feedback loop helps to suggest the nature of this other motivating mechanism. The conception of the reflex arc has its anatomical foundations in the Bell-Magendie law, based on Bell's discovery of separate ventral and dorsal roots of the spinal nerves and on Magendie's discovery that the dorsal roots have sensory or "input" functions while the ventral roots have motor or "output" functions. But the Bell-Magendie law was an overgeneralization, for motor fibers have been discovered within the presumably sensory dorsal roots, and sensory fibers have been discovered within the presumably motor ventral roots.

The most important argument against the reflex as the functional unit of the nervous system comes from the direct evidence of feedback in both sensory input and motor output. The neural activity that results when cats are exposed to a tone is markedly reduced when they are exposed to the sight of mice or the smell of fish, thus dramatizing feedback in sensory input. Feedback in motor output is dramatized by evidence that sensory input from the muscle spindles modulates the rate of motor firing to the muscles, thereby controlling the strength of contraction.[9]

Incongruity as Motivation. The feedback loop which constitutes a new conceptual unit of neural function supplies the basis for a new mechanism of motivation. Miller, Galanter, and Pribram[10] have called the feedback loop the Test-Operate-Test-Exit (TOTE) unit. Such a TOTE unit is, in principle, not unlike the room thermostat. The temperature at which the thermostat is set supplies a standard against which the temperature of the room is continually being tested. If the room temperature falls below this standard, the test yields an *incongruity* which starts the furnace to "operate," and it continues to operate until the room temperature has reached this standard. When the test yields *congruity*, the furnace stops operating and the system makes its exit. Similarly, a living organism is free to be otherwise motivated once such a system has made its exit.

Several classes of similarly operating standards can be identified for human beings. One might be described as the "comfort standard" in which incongruity is equivalent to pain. Another consists of those homeostatic standards for hunger (a low of glycogen in the bloodstream) and for thirst (a high level of hydrogen ion concentration within the blood and interstitial fluids). A third class, which stretches the concept of incongruity somewhat, is related to sex.

Other standards derive from the organism's informational interaction with the environment. Thus, a fourth class appears to consist of ongoing inputs, and, just as "one never hears the clock until it has stopped," any change in these ongoing inputs brings attention and excitement. Repeated encounters with such changes of input lead to expectations, which constitute a fifth class of standards. A sixth class consists of plans quite independent of painful stimulation, homeostatic need, or sex. Ideals constitute a seventh class.

There is evidence that incongruity with such standards will instigate action and produce excitement.[9] There is also evidence that an optimum of such incongruity exists. Too little produces boredom as it did among McGill students who would remain lying quietly in a room no more than 3 days, although they were paid $20 a day to do so.[9] Too much produces fearful emotional stress, as when a baby chimpanzee sees his keeper in a Halloween mask,[11] a human infant encounters strangers, or primitive men see an eclipse.

While this optimum of incongruity is still not well understood, it seems to involve the matching of incoming information with standards based on information already coded and stored within the cerebrum.[9] Probably only the individual himself can choose a source of input which provides him with an optimum of incongruity. His search for this optimum, however, explains that "growth motivation" which Froebel, the founder of the kindergarten movement, postulated and which John Dewey borrowed; and it may be the basic motivation underlying intellectual growth and the search for knowledge. Such motivation may be characterized as "intrinsic" because it inheres in the organism's informational interaction with the environment.

Emotional *vs.* Cognitive Experience. Another fundamental change is in the importance attributed to early—and especially very early—preverbal experience. Traditionally, very little significance had been attached to preverbal experience. When consciousness was believed to control conduct, infantile experience, typically not remembered, was regarded as having hardly any effect on adult behavior. More-

over, when development was conceived to be predetermined, infantile experience could have little importance. While Freud [12] believed that preverbal experiences were important, he argued that their importance derived from the instinctive impulses arising from painful stimulation, homeostatic need, and especially pleasure striving, which he saw as sexual in nature.

Freud's work spread the belief that early emotional experiences are important while early cognitive experiences are not. It now appears that the opposite may possibly be more nearly true. Objective studies furnish little evidence that the factors important according to Freud's theory of psychosexual development are significant.[13, 14] Even the belief that infants are sensitive organisms readily traumatized by painful stimulation or intense homeostatic need have been questioned as the result of studies involving the shocking of nursling rats.

Rats shocked before weaning are found to be less likely than rats left unmolested in the maternal nest to urinate and defecate in, or to hesitate entering, unfamiliar territory, and more likely to be active there. Moreover, as adults, rats shocked before weaning often require stronger shocks to instigate escape activity than do rats left unmolested; they also show less fixative effect from being shocked at the choice-point in a T-maze.[15] Evidence that children from low socioeconomic and educational classes, who have frequently known painful stimulation, are less likely to be fearful than middle class children, who have seldom known painful stimulation, suggests that the findings of these rat studies may apply to human beings.[16]

While such observations have contradicted the common conception of the importance of early emotional experience, the experiments stemming from Hebb's theorizing [4] have repeatedly demonstrated the importance of early perceptual and cognitive experience. At earlier phases of development, the variety of circumstances encountered appears to be most important; somewhat later, the responsiveness of the environment to the infant's activities appears to be central; and at a still later phase, the opportunity to understand the causation of mechanical and social relationships seems most significant.

In this connection, a study by Baldwin, Kalhorn, and Breese [17] found that the IQ's of 4- to 7-year-old children tend to increase with time if parental discipline consists of responsive and realistic explanations, but tend to fall if parental discipline consists of nonchalant unresponsiveness or of demands for obedience for its own sake, with painful stimulation as the alternative.

Motor Response and Receptor Input. One more important traditional belief about psychological development which may have to be changed concerns the relative importance of motor response and receptor input for the development of the autonomous central processes which mediate intellectual capacity. A century ago, the "apperceptive mass" conceived by Herbart, a German educational psychologist, was regarded as the product of previous perceptual input; and Froebel and Montessori both stressed sensory training. However, after World War I, the focus of laboratory learning-studies on response, coupled with the notion of brain function as a static switchboard, gradually shifted the emphasis from the perceptual input to the response output. It is hard to make the great importance attributed to the response side jibe with the following findings:

1. Hopi infants reared on cradleboards, where the movements of arms and legs are inhibited during waking hours, learn to walk at the same age as Hopi infants reared with arms and legs free.[3]

2. Eighty-five percent of the 4-year-olds in a Teheran orphanage, where variations in auditory and visual input were extremely limited, did not walk alone.[6]

Such observations and those of Piaget [18, 19] suggest that the repeated correction of expectations deriving from perceptual impressions and from cognitive accommodations gradually create the central processes mediating the logical operations of thought. Wohlwill [20] and Flavel [21] have assembled evidence which relates the inferential processes of thought to experience and have given this evidence some formal theoretical organization.

Counteracting Cultural Deprivation

The intellectual inferiority apparent among so many children of parents of low educational and socioeconomic status, regardless of race, is already evident by the time they begin kindergarten or first grade at age 5 or 6.[22] Such children are apt to have various linguistic liabilities: limited vocabularies, poor articulation, and syntactical deficiencies that are revealed in the tendency to rely on unusually short sentences with faulty grammar.[23] They also show perceptual deficiencies in the sense that they recognize fewer objects and situations than do most middle-class children. And perhaps more important, they usually have fewer interests than do the middle-

class children who are the pace setters in the schools. Moreover, the objects recognized by and the interests of children typical of the lower class differ from those of children of the middle class. These deficiencies give such children the poor start which so commonly handicaps them ever after in scholastic competition.

So long as it was assumed that intelligence is fixed and development is predetermined, the intellectual inferiority of children from families of low educational and socioeconomic status had to be considered an unalterable consequence of their genes. With the changes in our conception of man's intellectual development, outlined in the foregoing pages, there emerges a hope of combating such inferiority by altering, for part of their waking hours, the conditions under which such children develop. The question is "how?"

Clues From Intrinsic Motivation. A tentative answer, worthy at least of investigative demonstration, is suggested by the existence of a change during the preschool years in the nature of what I have called "intrinsic motivation." An approximation of the character of this change has been supplied by the observations which Piaget made on the development of his three children.[18, 19, 24] At least three stages in the development of intrinsic motivation appear. These may be characteristic of an organism's progressive relationship with any new set of circumstances and seem to be stages in infant development only because the child is encountering so many new sets of circumstances during his first 2 or 3 years.

In the first stage the infant is essentially responsive. He is motivated, of course, by painful stimulation, homeostatic need, and, in Freud's sense, by sex. Russian investigators have shown that the orienting response is ready-made at birth in all mammals, including human beings.[25] Thus, any changes in the ongoing perceptual input will attract attention and excite the infant. During this phase each of the ready-made sensorimotor organizations—sucking, looking, listening, vocalizing, grasping, and wiggling—changes, by something like Pavlov's conditioning process, to become coordinated with the others. Thus, something heard becomes something to look at, something to look at becomes something to grasp, and something to grasp becomes something to suck. This phase ends with a "landmark of transition" in which the infant, having repeatedly encountered certain patterns of stimulus change, tries actively to retain or regain them.[24]

During the second stage the infant manifests interest in, and efforts to retain, something newly recognized as familiar—a repeatedly encountered pattern of change in perceptual input. The infant's intentional effort is familiar to anyone who has jounced a child on his knee and then stopped his jouncing only to find the child making a comparable motion, as if to invite the jouncing adult to continue. Regaining the newly recognized activity commonly brings forth such signs of delight as the smile and the laugh, and continued loss brings signs of distress. The effort to retain the newly recognized may well account for the long hours of hand watching and babbling commonly observed during the child's third, fourth, and fifth months. This second stage ends when, with these repeated encounters, the child becomes bored with the familiar and turns his interest to whatever is novel in familiar situations.[24]

The third stage begins with this interest in the novel within a familiar context, which typically becomes noticeable during the last few months of the first year of life. Piaget [18] describes its beginnings with the appearance of throwing, but it probably can be found earlier. While he throws the child intentionally shifts his attention from the act of throwing to the trajectory of the object that he has thrown.

Interest in the novel is also revealed in the infant's increasing development of new plans through an active, creative process of groping, characterized by C. Lloyd Morgan as "trial-and-error." It also shows in the child's increasing attempts to imitate new vocal patterns and gestures.[19, 24]

Interest in the new is the infant's basis for "growth motivation." It has also been found in animals, particularly in an experiment in which rats in a figure-eight maze regularly changed their preference to the more complex loop.

Thus Piaget's [18] aphorism, "the more a child has seen and heard, the more he wants to see and hear," may be explained. The more different visual and auditory changes the child encounters during the first stage, the more of these will he recognize with interest during the second stage. The more he recognizes during the second stage, the more of these will provide novel features to attract him during the third stage.

Effects of Social Environment. Such development prepares the child to go on developing. But continuing development appears to demand a relationship with adults who enable the infant to pursue his

locomotor and manipulative intentions and who answer his endless questions of "what's that?", "is it a 'this' or a 'that'?", and "why is it a 'this' or a 'that'?". Without these supports during the second, third, and fourth years of life, a child cannot continue to profit no matter how favorable his circumstances during his first year.

Although we still know far too little about intellectual development to say anything with great confidence, it is unlikely that most infants in families of low socioeconomic status suffer great deprivation during their first year. Since one distinguishing feature of poverty is crowding, it is conceivable that an infant may actually encounter a wider variety of visual and auditory inputs in conditions of poverty than in most middle- or upper-class homes. This should facilitate the intellectual development of the infant during his first year.

During the second year, however, crowded living conditions would probably hamper development. As an infant begins to move under his own power, to manipulate things, and to throw things, he is likely to get in the way of adults who are apt already to be ill-tempered from their own discomforts and frustrations. Such situations are dramatized in Lewis's "The Children of Sanchez," an anthropological study of life in poverty.[26] In such an atmosphere, a child's opportunity to carry out the activities required for his locomotor and manipulative development must almost inevitably be sharply curbed.

Moreover, late in his second or early in his third year, after he has developed a number of pseudowords and achieved the "learning set" that "things have names," the child in a crowded, poverty-stricken family probably meets another obstacle: His questions too seldom bring suitable answers, and too often bring punishment that inhibits further questioning. Moreover, the conditions that originally provided a rich variety of input for the very young infant now supply a paucity of suitable playthings and models for imitation.

The effects of a lower-class environment on a child's development may become even more serious during his fourth and fifth years. Furthermore, the longer these conditions continue, the more likely the effects are to be lasting. Evidence from animal studies supports this: Tadpoles immobilized with chloretone for 8 days are not greatly hampered in the development of their swimming patterns, but immobilization for 13 days leaves their swimming patterns permanently impaired; chicks kept in darkness for as many as 5 days show no apparent defects in their pecking responses, but keeping them in darkness for 8 or more days results in chicks which never learn to peck at all.[1]

Something new has attracted the attention of this child in a day-care center where a variety of toys and manipulatable objects stimulates the child's creative imagination.

Possible Counteracting Measures. Such observations suggest that if nursery schools or day-care centers were arranged for culturally deprived children from age 4—or preferably from age 3—until time for school at 5 or 6 some of the worst effects of their rearing might be substantially reduced.

Counteracting cultural deprivation at this stage of development might best be accomplished by giving the child the opportunity to encounter a wide variety of objects, pictures, and appropriate behavioral models, and by giving him social approval for appropriate behavior. The setting should encourage him to indulge his inclinations to scrutinize and manipulate the new objects as long as he is interested and should provide him with appropriate answers to his questions. Such varied experiences would foster the development of representative imagery which could then be the referents for spoken words and later for written language.

Children aged 3 and 4 should have the opportunity to hear people speak who provide syntactical models of standard grammar. The behavioral models would

A research-oriented nursery school in an underprivileged neighborhood of Pittsburgh provides this little girl with an opportunity to play house, and a pediatric psychiatrist a chance to observe aspects of children's behavior.

lead gradually to interest in pictures, written words, and books. The objects provided and appropriate answers to the "why" questions would lead to interest in understanding the workings of things and the consequences of social conduct. Thus, the child might gradually overcome most of the typical handicaps of his lower-class rearing by the time he enters grade school.

There is a danger, however, in attempting to prescribe a remedy for cultural deprivation at this stage of knowledge. Any specific prescription of objects, pictures, behavioral models, and forms of social reinforcement may fail to provide that attractive degree of incongruity with the impressions which the toddler of the lower class has already coded and stored in the course of his experience. Moreover, what seem to be appropriate behavioral models may merely produce conflict. Therefore, it may be wise to reexamine the educational contributions of Maria Montessori.[27, 28] These have been largely forgotten in America, perhaps because they were until recently too dissonant with the dominant notions of motivation and the importance attributed to motor responses in development.

Montessori's contributions are especially interesting, despite some of the rigid orthodoxy that has crept into present-day Montessori practice, because she based her teaching methods on children's spontaneous interest in learning, that is, on "intrinsic motivation." Moreover, she stressed the importance of teachers' observing children to discover what things would most interest them and most foster their growth. Further, she stressed the need to train the perceptual processes, or what we would today call the information processes. The coded information stored in culturally deprived children from lower-class backgrounds differs from that stored in children with middle-class backgrounds. This difference makes it dangerous for middle-class teachers to prescribe intuitively on the basis of their own experiences or of their experiences in teaching middle-class youngsters.

Montessori also broke the lockstep in the education of young children. She made no effort to keep them doing the same thing at the same time. Rather, each child was free to examine and work with whatever happened to interest him, for as long as he liked. It is commonly believed that the activity of preschoolers must be changed every 10 or 15 minutes or the children become bored. But Dorothy Canfield Fisher,[29] the novelist, who spent the winter of 1910–11 at Montessori's Casa de Bambini in Rome, observed that 3-year-olds there commonly remained engrossed in such mundane activities as buttoning and unbuttoning for 2 hours or more at a time. In such a setting the child has an opportunity to find those particular circumstances which match his own particular phase of development and which provide the proper degree of incongruity for intrinsic motivation. This may well have the corollary advantage of making learning fun and the school setting interesting and attractive.

Montessori also included children from 3 to 6 years old in the same group. In view of the changes that occur in intellectual development, this has the advantage of providing younger children with a variety of novel models for imitation while supplying older children with an opportunity to teach, an activity which provides many of its own rewards.

Conclusions. At this stage of history and knowledge, no one can blueprint a program of preschool enrichment that will with certainty be an effective antidote for the cultural deprivation of children. On the other hand, the revolutionary changes taking place in the traditional beliefs about the development of human capacity and motivation make it sensible to hope that a program of preschool enrichment may ultimately be made effective. The task calls for creative innovations and careful evaluative studies of their effectiveness.

Discoveries of effective innovations will contribute

also to the general theory of intellectual development and become significant for the rearing and education of all children. Effective innovations will also help to minimize those racial differences in school achievement which derive from cultural deprivation and so help to remove one stubborn obstacle in the way of racial integration.

Although it is likely that no society has ever made the most of the intellectual potential of its members, the increasing role of technology in our culture demands that we do better than others ever have. To do so we must become more concerned with intellectual development during the preschool years and especially with the effects of cultural deprivation.

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But whatever the cause, our joint Federal-local effort must pursue poverty, pursue it wherever it exists, in city slums and small towns, in sharecropper shacks or in migrant worker camps, on Indian reservations, among whites as well as Negroes, among the young as well as the aged, in the boomtown and in the depressed areas.

President Lyndon B. Johnson, in his state of the Union message to the 88th Congress, January 8, 1964.

PARENTS OF CHILDREN WITH PHENYLKETONURIA

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SINCE JANUARY 1961, a group of parents of children with phenylketonuria (PKU), an inborn error of metabolism, has been meeting under the guidance of the social worker of the Child Development Clinic at the Childrens Hospital of Los Angeles. The experience has added to our understanding of the problems families face in managing the complicated dietary regimen required in the treatment of this genetically determined disease and of the emotional impact on family members living with phenylketonuric children.

Prior to the comparatively recent development of the low phenylalanine diet, most known phenylketonuric patients were severely retarded inmates of institutions.[1] With the availability of treatment, new interest has been focused on ways of identifying new patients as early as possible with a view toward prevention of brain damage through the initiation of early treatment.[2]

The Child Development Clinic, which is supported by a Federal grant from the Children's Bureau through the California State Department of Public Health, was established in 1959 as a clinic for the diagnosis and treatment of mentally retarded children. Over the years its PKU caseload has steadily increased. The clinic staff early noted that the parents of children with PKU reacted to the diagnosis and treatment with overwhelming anxieties, revealing their sense of isolation with the problem. Several parents expressed a desire to meet another parent of a phenylketonuric child and to see another child with the disease.

The staff was also impressed with the parents' difficulties in trying to maintain adequate dietary control and in dealing with their child's behavior. Therefore, the staff considered the question of whether a discussion group for parents might not bring the parents emotional support by providing them with an opportunity to see that their problems were not unique and with further interpretation regarding the disease. It was presumed that in a group of persons with problems similar to their own some parents might feel less threatened in raising underlying questions than in individual clinic interviews.

After discussing these possibilities, the clinic director and the two social workers serving the galactosemia (also an inborn error of metabolism) and phenylketonuria caseloads initiated a 6-session series of meetings at the hospital for the parents in each of these caseloads. Other staff members agreed to contribute their services as needed. Because of the shortage of staff time and the long distances families had to travel to get to the clinic, the meetings were scheduled only once a month. They were, however, held in the evening to encourage the participation of both parents. Refreshments were provided to make for a friendly, informal atmosphere.

Invitations were extended to the 18 families who had phenylketonuric children under care at the time. Since 8 of the families had more than one child with the disease, the actual number of children under treatment was 25. In three of the families, a sibling of the patient had been institutionalized. Three families had two phenylketonuric children at home; in one family, all three children had PKU. All but two of the patients were age 6 or under, 65 percent being under 3.

Parents from all but two of these 18 families came to the meeting at some time. Five families were

represented only once or twice, and two of them only by the mother. One family, living nearly 400 miles away, attended two meetings. Three of the participating families lived about 200 miles from the hospital. Only one family lived within 10 miles of the hospital.

As new PKU patients were identified and came under care, the meetings were opened to their parents. To date, a total of 21 families have participated in group sessions for parents of phenylketonuric children. The average meeting attendance has been 16. All but two of the mothers in the group were still of child-bearing age; five became pregnant during the program's first year. The other members suffered with each mother through her pregnancy and eagerly awaited the verdict as to the presence or absence of PKU in the newborn.

Participation

Despite ethnic, religious, and educational differences, the members of the group quickly became acquainted with one another. They learned about the composition of each other's families, and showed interest in each other's activities and the progress of each other's children. Their common experience with PKU created a strong bond.

While the families were generally represented by both parents, the mothers were by far the more active participants; the fathers tended to talk less though they obviously listened with interest. Typically, a father's passivity in the group seemed to parallel his child-rearing role in the family—leaving the care and discipline of the children largely to the mother. The three fathers who participated more actively than their wives seemed to be the least stable persons in the group. Two who were especially vocal were not the natural fathers of their phenylketonuric child but did not inform the group of this.

The other aggressively participating father was an extremely immature man who continually strove to demonstrate his masculinity by his boasts of how he dominated his wife and children. His wife, although a women of borderline intelligence, was doing an admirable task in rearing her five children despite her husband's frequent unemployment, debts, and general irresponsibility. This family had some status needs met in the group through their child, who, in addition to having PKU, had another rare metabolic disorder and was the object of much interest in the hospital. Somewhat in awe of this, the group sympathized about the double problem and gave the family much support in spite of the father's antagonistic personality. Gradually, as the father saw he was accepted by the group in spite of differences of opinion, he became quieter and his wife became more vocal.

One older couple faced circumstances markedly different from those faced by the other group members in that they had two severely retarded children with PKU who were still living at home at ages 10 and 14. The other members turned to this couple for a kind of parental support and seemed rather confused when this was not forthcoming. They wanted leadership from the husband and at one point suggested that he be their chairman. This seemed to stem not only from deference to his age, but also from a feeling that he had lived with the problem long enough to have some wisdom to offer. He rejected the chairmanship on the grounds that he and his wife really did not belong to the group—since their children were so different, they felt the group could not help them with their problems.

This couple did not return after the first few meetings. However, when they were present, the wife was extremely active, repeatedly asking questions which revealed both the severity of her children's retardation and her ambivalent feelings about them. She listened closely to other members who had placed a phenylketonuric child out of the home, and who while they spoke of their suffering during the separation process also demonstrated that sometimes institutionalization can be an acceptable solution. The older couple has since filed for institutional care. While certainly many factors have contributed to this decision, the group experience undoubtedly opened a way for these parents to examine their ambivalent feelings and to loosen the rigid defenses they had developed.

Content of the Meetings

About three-fourths of the sessions consisted of informal lectures by clinic staff members or invited speakers, followed by informal group discussions. Characteristically, in these highly animated discussions there was an observable shift from the subject at hand (genetic, medical, nutritional, and other aspects of PKU) to daily problems related to child behavior and discipline, particularly in relation to diet maintenance. In one-fourth of the meetings, the social worker led informal discussions in which parents could bring up subjects for the group to consider.

At first the meetings were not very productive; the parents were new to one another and uneasy, obvi-

ously disinclined to reveal any deep feeling or examine their own role in relation to the problem. Their first remarks were usually repetitions of questions they had already asked repeatedly in the clinic: When can we take Johnny off the diet? Why are tests for the level of phenylalanine needed so often? What are the chances of having another child with PKU?

The social worker and the public health nurse, who observed many of the sessions, were somewhat surprised at the repetition of these familiar questions, which had been given considerable attention in the individual clinic interviews. The repetitions may partly be explained by the fact that the social worker was new to the group. However, they may also have reflected the parents' insecurity over examining their feelings about being parents of phenylketonuric children.

In later discussions, the parents touched on some deeper fears: of producing children who might continue to add to the perpetuation of a defective gene; of becoming impatient with the constant self-discipline required to maintain consistently the rigid diet; and of being inadequate to the ongoing task and unable to cope with the children as they grew older. Gradually toward the end of the year they exposed the pain of their growing awareness that in most instances the child's condition had been diagnosed too late to have prevented some brain damage from occurring. This awareness came as they loosened their hold on the dietary problem as an expression of their anxieties and after sufficient time had elapsed for them to recognize that in spite of their frequent clinic visits and efforts to enforce the diet and in spite of some evident improvement, their children still showed signs of retardation. The parents also discussed their mounting troubles with diet control and discipline as the child grew older and smarter. As the child learned to get around by himself, he was apt to sneak foods and otherwise test the limits of the parents' disciplinary methods.

In the security of the group, the parents moved to some open expression of resentment about the clinic experiences, resentment they could not express as easily in individual conferences. When asked whether being in the group helped them in ways that attending the clinic did not, some of them feelingly replied that:

1. Clinic people were too busy and could not be bothered by all their questions (this despite 1½-hour clinic appointments, in addition to individual casework interviews and other consultations).

2. In the clinic the attention was all focused on the child; the parents felt wrapped up in anxieties about how well they had managed the diet, how successful the child would perform in the psychological testing, and how low the child's phenylalanine level would be, and therefore tended to overlook or forget their own questions. The group experience offered an opportunity to concentrate on themselves.

The parents then moved to a consideration of a more formal organization. They had been impressed by the Rochester League for PKU, a group of parents who had organized to lobby for national implementation of Guthrie blood testing of all newborn babies to detect phenylketonuria. Part of this move toward more structure was probably a defense against exploring deeper feelings within the group, particularly after the display of hostility about the clinic on which the parents leaned so heavily for help. Also, most of them had by this time established a meaningful relationship in the casework situation. Other factors, such as improvement in the child, had reduced their personal anxieties and family tensions to a point where many felt they could cope with their problems more independently.

However, the movement toward more structure did not get off the ground, largely because no strong leadership emerged. No officers were ever elected. Dependence on the social worker seemed to increase. The social worker tried to interest the parents in groups of parents of retarded children in their own localities, particularly as they began to accept the fact that their children would remain retarded in some degree. This might have accounted for some falling off of attendance in the last two meetings. However, many of the parents expressed a strong desire to continue the group, although not as a formal organization.

The Group Experience

The first series of meetings for parents of phenylketonuric children took place from January through June in 1961. A similar group of parents of children with galactosemia disbanded following its fifth meeting. Experience with the latter group revealed that the members were not as anxiety-ridden as the parents of the phenylketonuric children.[3] Several factors probably accounted for this. The galactosemic diet is much less restrictive than the low phenylalanine diet used in the treatment of PKU. Also, most of the parents of children with galactosemia had lost an infant through death due to the disease and were thus highly motivated to keep their other galactosemic children on the diet. Moreover,

almost immediately after treatment is initiated for galactosemia, a dramatic improvement is evident, so that parents quickly see the effects of the diet.

In contrast, the parents in the PKU group continued to exhibit a high level of anxiety, both in overt form and in symptoms of underlying tensions. They protested strongly against the planned termination of the group after 6 months. The social worker agreed to continuance, but suggested the need to explore further the kind of group they wished it to be. Then the members on their own planned a park picnic for July to "tide them over" until resumption of meetings in September. Only five families attended the picnic, but they apparently enjoyed it.

Because of work pressures, the social worker could not hold the planned September meeting, and as each week passed she received more and more requests for the meetings' resumption. Realizing she delayed partly to reinforce her own resistance to continue leading the group because of her ambivalent feelings about its goals and benefits, she made a tentative reassessment of the group's experience. Her first conclusion was that the emotional support of other parents seemed to be *more* rewarding than had even been anticipated. This could be attributed to several factors:

1. A nucleus of parents who met regularly had developed. These parents seemed to be having more difficulties which they were unable to manage by themselves than were those who attended sporadically or not at all.

2. This nucleus consisted primarily of parents whose children had just been diagnosed and put on diet therapy.

3. Some of the mothers in this nucleus were pregnant. They were reassured by contact with families who had already taken the risk or were now risking having another child with PKU.

4. Just prior to the initiation of the group, the PKU caseload had been shifted to a new social worker. The parents were still feeling uncertainty about the transfer. The group meetings with the social worker helped some parents to a quicker rapport in the individual casework relationship. On the other hand, some parents initially used the less personalized group contact to maintain distance from the social worker. Much more testing of the social worker occurred in the earlier sessions than might have occurred had the group been initiated after the transfer of caseworkers had been fully effected.

Secondly, the social worker noted that the educational content of the meetings had made some facts about PKU clearer to the parents. As a result, they had had to shift some of their attitudes, but had not as yet had an opportunity to solidify their newer understanding. For example, the early meetings revealed that the parents largely viewed their children as "sick," partly in order to avoid recognizing the presence or danger of mental impairment, and partly as a result of the clinical description of phenylketonuria as a disease with a specific treatment. The explanation of the disease as a metabolic dysfunction had led them to liken their child to a diabetic child rather than to a retarded child. Not regarding their children as retarded, they were not seeking contact with associations of parents of retarded children.

Increased Understanding

By the end of the first six meetings, the parents were beginning to see that their children were physically well as long as their metabolism was stabilized by good dietary management. They were also beginning to recognize that all aspects of the child's behavior, growth, and development could not be attributed to the fact that he had phenylketonuria, and to distinguish those aspects which were normal patterns of maturation from those which might be accounted for by the disease.

At the same time, the social worker was learning why some of the parents were having difficulty managing their children's diet and why some of the patients were continuing to have high levels of phenylalanine in the blood. For instance, one parent, desiring to let the group know just how bright and clever her 5-year-old son was, revealed breaks in dietary control as she reported how the child awoke long before his parents and got his own breakfast. Two other parents expressed concern about their little girl's refusal to chew foods, although she chewed candy well; and group members responded by telling of their methods of handling similar feeding problems, thus enabling the troubled parents to see that the child's manipulative behavior was unrelated to PKU and helping them to examine their own interactions with the child which contributed to the feeding problem.

Meetings were resumed in October 1962 and held regularly through April 1963, with some dwindling of attendance in March and April. In July, the parents who had attended this entire series met together to discuss the experience and the possibility of continuing it. Saying that they had benefited greatly from the group's support, they asked specifically for further group meetings focused on the general areas of parent-child relationships, with occasional special speakers to keep them up to date on PKU. Their point of view coincided with the social worker's opinion that continuing enlightenment

about aspects of normal growth and development and sound child-rearing practices improves parental methods and eases some of the difficulties inherent in coping with the stringent diet regimen.

There was again a picnic during the summer, this time with seven families attending. The meetings were resumed in October 1963, and are being continued as a reinforcement to the clinic's counseling and treatment services.

What the Staff Learned

The outstanding feature revealed by this experience was the parents' woeful inadequacy in the area of child-rearing practices. Confusion, uncertainty, and inconsistency governed the parental management of all the children in these families. Their homes were generally child centered with the parents more often than not manipulated by the children. Consequently, when faced with the difficult task of putting a restrictive dietary regimen into effect, the parents had to take on a new role orientation and become stricter, more consistent disciplinarians.

Inner conflicts may be precipitated in some parents by this necessity to perform in a new and different way. Unresolved conflicts of their own parent-child relationships may be reactivated. Alongside this new stress is the feeling of guilt inherent in the genetic aspect of the problem, which tends to reinforce defense mechanisms of overprotection and denial. Depriving the child of desired foods adds further to the guilt feelings and heightens the difficulties in maintaining firm limits on the child's behavior and diet.

The group experience provided the parents with emotional support by helping them to see that their problems were not unique and by giving them a chance to examine their own as well as their child's needs. It also increased the clinic staff's understanding of how to work with parents of PKU patients, understanding which also has implications for work with parents of children with other types of disabilities.

Physicians and other professional workers have long been advising parents of mentally handicapped children to "treat him like your normal child," without regard to the parents' "normal" methods of child care. While mention is often made of the child's need for firmer discipline, attention is rarely given to the problem this imposes for the parent. The parents of children with PKU appear to represent a cross-section of the families in American culture today, with the child-rearing practices of our current culture. Hence, counseling at the time of diagnosis needs to be concerned with bringing about an awareness that the treatment and rehabilitation of the child will frequently conflict with methods of child management with which the parents feel comfortable.

Normal problems of child growth at various ages and levels of personality development are easily distorted in the parents' eyes by the fact that the child has a special problem such as phenylketonuria. Therefore, guidance and information in relation to children's normal developmental needs as well as to the disease or defect should be provided by all the professional practitioners of the various disciplines involved in the care of the child.

Parents tend to focus on the diet as a means of defending themselves from exploring deeper concerns. Members of the clinic staff unwittingly often strengthened this pattern out of their own anxiety and sense of responsibility for having the child under good dietary control. The group experience helped the staff recognize that more attention should be given to the parents' basic anxieties. Exclusive emphasis on the diet often makes the task of keeping the child on it appear overcomplicated to the parents and misleads them into believing that all the dietary breaks are their fault and are causing great damage to their child. They need to be reassured that some situations are not in their control, and that their humanness is respected. Advice to the parents should be geared toward helping them to understand better their child's normal and special needs and ways of adapting their own parenting behavior to meet these needs. Our experience has indicated that there is more instability in dietary control in families in which the parents are unable to cope adequately with child-rearing problems.

Thus, while established primarily for supportive and educational purposes, the parent group has also provided therapeutic benefits to the parents of children with PKU, for the knowledge gained about them has helped the clinic staff offer services more constructively.

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A survey of women in a high income area reveals . . .

FOSTER CARE POSSIBILITIES IN A SUBURBAN COMMUNITY

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THE PATTERN of metropolitan development today—a central city populated largely by low-income families surrounded by a higher income suburban fringe—opens the question of whether the suburbs are potential resources for foster family homes. The tendency has been to recruit for foster parents in lower income areas of the city or among rural families. An exploration of suburban resources is important in view of the dearth in most communities of foster families for children needing placement.

With this in mind the writer undertook an exploratory study involving 60 families residing in the Bethesda and Kensington areas of Montgomery County, Md. This area, a commuting suburb of Metropolitan Washington, D.C., is the highest-income area in the highest-income county in the United States, according to 1960 census figures.[1] Directed to the women in these families, the inquiry focused on their knowledge about foster care and other social welfare programs for children, their experience in caring for other people's children, and their readiness to care for children in cooperation with social agencies.

The findings indicate that social agencies would be well advised to develop active recruitment programs in such high-income suburbs.

The names of the women to be interviewed were obtained from the registry of two Protestant churches. They were between 20 and 60; all were living with their husbands. They thus met the general criteria of social agencies for foster parents. Church registries were used because churches are usually regarded as good recruitment resources. Women from two similar churches were selected in order to avoid a bias associated with a single church without introducing the complications of appreciable religious differences. The study points to the need for further exploratory studies in other communities and with different samples of suburban women.

Since the study was not sponsored by the churches, the investigator telephoned the women for an interview without a prior introduction. As 14 women from each church group refused to be interviewed, it was necessary to talk by telephone with 88 women in order to arrange for the 60 interviews. The women who refused to be interviewed gave various reasons: Employment, otherwise too busy, plans to leave the community, or illness.

An interview guide was developed and pretested. The questions were designed not to seem threatening while eliciting basic statistical information about the woman's prior involvement in caring for somebody else's children, her willingness to work with a social agency in caring for such a child or children, and her expectations regarding remuneration. Questions were also included to elicit information about the interviewee's interests and satisfactions in family

living and her views about caring for children who manifest deviant behavior. Some of the statistical questions were held until the end in order to make the interview move more quickly into substantive material.

The first questions were:

1. How long have you lived in Metropolitan Washington? Do you plan to stay 5 years more?

2. How many children do you and your husband have? Will you tell me their sex and their age?

3. Do you have others living in the household?

4. Have you had any experience in caring for children not your own, either related or unrelated children?

5. If so, how did you happen to care for this child (these children)?

6. Did you enjoy the experience?

7. What difficulties did you run into?

8. How did your own children respond?

9. Under similar circumstances would you do it again?

The questions at the end of the interview were:

52. What is your husband's business or profession?

53. Is your husband between 20 and 40 years of age? 40 and 60? over 60?

54. Are you between 20 and 40 years of age? 40 and 60? over 60?

55. Have you ever worked outside of the home in the past? What did you do? How long did you work?

56. Are you planning to work outside of your home in the future?

57. Would you be willing to give up your present employment, or to change your plans for returning to work, if you could earn a comparable amount as a foster parent?

58. Are you involved in voluntary activities outside of your home? What do you do?

59. Do you have domestic help? How much?

60. In what bracket did your family income fall last year in thousands of dollars: $6 to $10? $10 to $15? $15 to $20? over $20?

61. How many sleeping rooms do you have in your home?

62. Would you have additional sleeping space for another child or children?

63. Do you have additional comments that you would like to make?

Suburban women are sometimes referred to as "they" as if they are all alike. These 60 women were 60 different people in widely different life situations. Some were young women dressed in slacks who were trying to keep a small, one-floor house together under the wear and tear of children. Others were living in impeccable homes where it looked as though a messy child never set foot. The difference in education was also wide, ranging from women who had completed high school but never worked outside the home to women with master's degrees augmented by substantial professional experience.

The Metropolitan Washington area is often referred to as a transient area. However, only 2 of the 60 families had lived in the area for less than 1 year, while 45 had lived there for 5 years or more. Ten families planned to leave within 5 years, and 10 were uncertain about this.

Foster Care Experiences

The families were, or had been, deeply involved in child rearing. One young couple was still childless, but the other 59 families had a total of 170 children; 54 had 2 or more children; 51 had 1 or more children under 16 years of age. Fifty-eight of the families were living in single-family dwellings. None had anyone else living permanently with them.

The women in these families had had a variety of experiences in caring for other people's children but none in arrangements made through social agencies. Twelve of the 60 women had already provided foster day care or full-time foster care for children for 4 months or more. One woman had cared for others' children during the day for several years to help finance her husband's college education. One family had an American field service student living with them; another had taken care of a relative's child for several years while the parents were in a foreign country. One couple had lived in the home of a friend and cared for his children after his wife had died.

An additional 28 women had had some, but less extensive, experience in caring for other people's children. This group reported cooperative nursery school experience or visits of extended duration from children of friends or relatives. One woman had given foster day care for a short period.

Responses to questions 6 through 9 indicated that with one exception the arrangements of caring for others' children had worked out satisfactorily. One woman, with a preschool child of her own, had encountered difficulties with a child she took for day care because the child's parents involved her in their fights. Had these intelligent young parents made use of the services of the social agencies in their community, perhaps this arrangement might have worked out for the benefit of the child. As it happened, the arrangement was soon terminated and the foster day-care mother sought work away from home.

Twenty-eight of the wives in these 60 families were under 40 years of age, as were 20 of the hus-

bands. The husbands were either professional persons, businessmen, or government employees in various administrative capacities.

Income and Employment

The families were asked about their gross family income. Twenty-one reported an income of less than $10,000 a year; five of over $20,000 a year. In four out of the five highest-income families the woman was over 40 years old. In no family with an income of over $20,000 a year was the woman working, but in 20 families with incomes under $20,000 the women were working either full or part time.

There were many expressions of financial pressure during the course of the interviews—references to the difficulty of meeting payments on the house, or to not being able to afford even a modest addition to the house. Some of the women interviewed gave the impression that they needed money and would respond to recruitment programs from social agencies directed to the concept of interesting and useful ways of earning money at home.

Of further importance to social agencies in planning recruitment programs with this group of women is their employment pattern. There is a trend for these women to move into employment as their children grow older, a trend which appeared in the sample of 60 interviewees and which is confirmed by employment statistics. However, not one of the 60 interviewees had worked throughout her entire married life and no woman with preschool children was employed full time. Of the total group of women, 11 were employed part time, and 9, one of whom was childless, were employed full time.

With the exception of one woman who was heavily invested in her long-standing career as a teacher, the employed women appeared to have selected their employment to fit their family's needs rather than to carry on careers. One woman was working as an administrative assistant in a doctor's office close to home, another in a similar capacity in a church. A nurse worked on night shift in order to be home with her family in the late afternoon and evening. One young woman worked as a waitress in the evening, when her husband could care for the children. This woman said that she might be interested in caring for other people's children instead of going out to work if this would result in similar earnings. Another woman, who was employed full time in a high grade clerical position, said that she would prefer to care for foster children if she could earn as much as she did on her job.

Fifty-seven of the women had been gainfully employed at some period during their lives and so had had experience with the exigencies of work outside of the home. Sixteen had had work experience in the helping professions—teaching, nursing, and occupational therapy. As regards future work plans, 18 of the women said that they do not plan to work outside of their homes; 6 said they were planning outside employment; and 16 were uncertain. The women planning to return to work gave as their reasons the need for money to finance higher education for their children and an interest in out of the home activities.

Volunteer Activities

The pattern of the women's volunteer services suggests ways that they could be reached by recruitment programs. Forty-five of the women mentioned some volunteer activity. In the main, such activities were centered close to home, and usually revolved around their children's school or their church. The women were contributing time to such child-focused organizations as Boy Scouts and Girl Scouts, and to both child- and adult-focused activities at their church.

Since these women appeared to be living their lives close to home, even when they were working, a foster home recruitment program is most likely to reach them through close-to-home organizations. None of the women served in the programs of the community's social agencies, either as a board member or in any other volunteer capacity. One, however, was a member of a countywide curriculum study committee.

The reporting from this group of women negates generalizations that suburban women leave their own children to be reared by domestic help. Thirty-seven did not employ domestic help. Of the 23 women who did have employed help, 7 had it half a day a week; 14, one day a week; and one each, 2 and 3 days a week. These last two women were both employed full time and had children of school age and older living at home.

Answers to the question of whether or not an interviewee has space to receive an extra person may depend on how ready she is to double up and on her degree of eagerness to receive another person as well as on the actual amount of space available. Twenty-two of the interviewees said that they had sufficient space for another person and 16, that they might be able to make room through some doubling up or different use of rooms. A few women spoke of already needing additional space for their own family

and of the financial impossibility of building the recreation room they wanted or converting the porch into another room.

These responses show that there is space available in this suburban area for more children. They also raise the question of whether additional young foster families might not be found if agencies made small loans for housing expansion. Many of the homes in suburbia today are small, but the houses are often designed for expansion. Perhaps agencies should take cognizance of this and stop looking for the almost nonexistent "young couple with a big house."

Attitudes Toward Foster Care

The part of the interview guide designed to produce information on attitudes about caring for the children of others was structured with a sense of progression. Thus the interviewees were asked first to consider themselves as a "sponsor" for a child needing the friendship of a responsible adult, secondly as a foster day-care mother, and thirdly as a full-time foster mother. The questions, and preceding explanations, were:

10. Social agencies are asking families such as yours to do what is called "sponsor" a child. This means taking a definite interest in a child not your own and working with a social worker and the social agency on behalf of the child. This might be a child living in an institution whom the agency believed could profit by some experiences, even brief ones, in a family where he could see a mother and a father working together in raising their children. It might be a child from a one-parent family whom the agency believed needed an experience with a different kind of family living. If you were working this way with an agency to "sponsor" a child, the amount of time requested of you would not be so great. The agency would probably want you to have the child in your home for dinner and to spend the afternoon, say one Sunday a month, but it would want you to keep a continuing contact with the child and to plan to work for a long period of time with one child. The social worker would tell you in advance a great deal about the child and a definite attempt would be made to have you work with a child whom the agency believed could benefit by the contact with your family.

Will you tell me how you think you would feel about working with a social worker from a social agency in sponsoring a child? Is this something that you think you and your husband would be interested in doing?

11. Would you have a preference regarding the age and sex of the child you would work with?

12. Would you be willing to work with a child from a correctional institution?

13. Would you be willing to have a child visit whose manners and habits of dress are somewhat slovenly?

14. If you were doing this service for a child, would you want to volunteer your services or would you want to be paid?

15. What would seem like a fair stipend to you?

16. How do you think that your friends and neighbors would respond to your taking in a child in this way?

17. (For interviewees not currently interested.) Would you be interested at another time?

18. The next type of care for other people's children that social agencies are asking of people is called foster day care—taking care of a child during the day while his parent or parents work. Of course the child would often be one from a one-parent family whose parent needed to work and whom the agency believed could benefit by a contact with your family. If the child were of preschool age, care would be required during the entire day; if he were in school, care would only be required after school hours and probably all day during the summer. Would you and your husband be interested in working with a social agency and a social worker in providing this type of care for a child?

19. Would you have a preference regarding the age and sex of the child?

20. (For those not currently interested.) Would you be interested at another time?

21. If you were providing this type of care, would you want to volunteer your services or would you want to be paid?

22. What would seem to you to be a fair stipend?

23. How do you think your neighbors and friends would respond to your caring for a child in this way?

24. Would you be willing to consider this kind of work as a career for yourself?

25. The other type of care that agencies are asking of families such as yours is 24-hour-day, 7-day-week foster care. Social agencies seek this kind of care for children who for one or another reason cannot live with their own families and whom the social agency believes can benefit by an experience in living with a family where he can see a man and a woman working together to build family life. Would you and your husband be interested in working with a social agency and a social worker to offer this kind of care to a child?

26. Would you have a preference regarding the age and sex of the child?

27. (For those replying in the negative.) Why do you feel that you would not be interested in doing this?

28. Would you be interested at another time?

29. Would you be interested in considering this kind of work as a career for yourself?

30. What would seem to you to be a fair remuneration for this service? The agency would supply the child's clothing, medical and dental care, and personal allowance. You would provide room, board, and laundry, and your service to the child.

31. What would you expect to find rewarding about foster parent work?

32. What difficulties would you expect?

33. How do you think that your own children would respond?

34. How do you think that your husband would feel about having a foster child in your home?

35. How do you think that your friends and neighbors would respond to your having a foster child in your family?

36. Have you ever known anyone who has worked with a social worker and a social agency in caring for a child not her own? How did she enjoy it?

Thirty-seven of the 60 women interviewed expressed some interest in taking responsibility for a child not her own. Of this group, 14 said they would possibly be interested when their children were older or they had a larger house; and 23 expressed a definite current interest in providing child care in one, two, or all three of the programs which were discussed with them. Eight women expressed a current interest in full-time foster family work and four of these women also expressed interest in sponsoring a child and in foster day care. Two women were actively seeking foster day-care work.

Implications for Recruitment

It is, of course, one thing for a woman to express interest in working with another person's child in a cooperative relationship with a social agency; another thing to put this interest into operation; and still another, for her to function successfully. Moreover, although question 34 allowed for the woman's projections of her husband's attitudes, the study included no direct findings on the husbands' opinions. Nevertheless, the women's expressions of interest were impressive.

None of the women were overtly critical about social work or social workers, but they were obviously uninformed about social agency programs. Forty-two of them knew of someone who had provided full-time or daytime foster care for a child, but only two knew how the youngsters had come to the families—in these instances through the juvenile court. As far as they knew, the arrangements had gone well. Thus it would appear that agencies recruiting foster homes, in this suburban area at least, would not be faced with negative attitudes.

Eighteen of the women indicated a current interest in sponsoring children, an activity which might be developed more extensively by social agencies as a means of learning how to work with suburban women and of making them aware of the needs of other people's children. One interviewee said, "I would probably undertake foster care tomorrow if I saw a compelling reason for it, or if a relative's child needed care. I like children." Perhaps the experience of sponsoring a child would make the foster-care need seem compelling. Another woman said, "It has been interesting talking with you; you have started me thinking about things I have never thought about before." Can more be done to start these women thinking?

All the women said that they would expect a sympathetic response from their neighbors if they undertook foster care. This suggests that the neighborhood would be willing to absorb foster children. One woman thought that if her friends saw that she was caring for another child they might become interested in doing the same.

The women did not express moralistic judgments about children from a correctional institution or children with bad manners. The eight women who indicated a readiness to take in a foster child now said that they would work with deviant behavior. They apparently did not have a picture of foster children as little angels.

The women were restricted in their answers to the question about payment for child-care services by their impression that agencies cannot afford to pay much. Many women said that they would not expect a fee for their service but would expect to have the cost covered. However, they were uncertain as to what this cost would be.

Two women did relate the question of payment to the money they could earn in outside employment. One woman with three school-age children said that she would need to clear about $50 per week if she gave up her employment. She thought that then she could care for two preschool children in addition to her own children and said that she would prefer this to work outside the home. The other woman, who will need to return to work to finance a college education for her children, priced her potential earning capacity at $75 per week. She, too, said that she could care for several school-age children. Both these women suggested a foster boarding home rate of about $150 to $200 per month per child—figures not out of line with the cost of institutional care for children, but higher than the usual foster-home rates in most child-placing agencies.

Child-Care Abilities

Another section of the questionnaire was designed to elicit clues as to how these families might function as foster families. The questions in this section were:

37. I am anxious to see how people's feelings about caring for children not their own are related, if at all, to the experiences they have had in raising their own children. What have you enjoyed most in raising your own children?

38. What have you found most difficult in raising children?

39. What do you consider your greatest assets or strengths as a family?

40. What kinds of things do you most enjoy doing with your children?

41. What kinds of things does your husband most enjoy doing with your children?

42. In what ways do your children help around the house?

43. How do you think you would feel about working with a child who is bright but shows the effect of the tough breaks that he has had by being retarded in school?

44. How do you think you would feel about working with a child who is slightly below average in intelligence?

45. How do you think you would feel about working with a child who is not very affectionate, does not show his feelings, and gives the impression of being aloof and indifferent?

46. How do you think you would feel about working with a child who is restless and defiant?

47. How do you think you would feel about working with a child who does some petty stealing?

48. How do you think you would feel about working with a child who is rude and has bad manners?

49. How do you think you would feel about working with a child who continues to wet the bed beyond the normal age for bed wetting?

50. When one or both parents of children who are placed in foster care live in the community, the social agency often believes that the children should be visited by their parents. How do you think you would feel about having the parents of your foster child visit in your home?

Forty-five of the women said that they had found "watching their children's growth and development" the most enjoyable feature of child rearing. Nine women said that they had enjoyed seeing the individual differences in their children. Only three responses were markedly different from these. They came from women who at other places in the interview gave indications of trouble in the parent-child relationship, and who also had said they were not interested in providing foster care.

All of the women said that they and their husbands enjoyed doing things with their children—traveling, camping, games, hobbies, and sports being mentioned frequently. Twenty-nine said their husbands and children enjoyed working and playing together around the house. They described small pleasures. Said one woman, "My husband enjoys popping corn and roasting marshmallows with the children about as much as anything."

Few of the women seemed compelled to paint a completely rosy picture. Forty-eight of them mentioned some problems, the most frequent being problems of discipline. Seven women referred to the fact that their husband's work necessitated his absence from the home or called for frequent moves. Six women mentioned their children's learning difficulties. Twenty-one of the women who mentioned problems said that they did not have any great ones.

In general the women gave the impression that family life was going rather well. Apparently there is a high percentage of families in this suburban area in which the structuring of intrafamily relationships is solid and conducive to reasonably healthy growth in the children. Social agencies might try recruiting foster families in the area with the expectation of finding some healthy families with whom they might work.

While the eight women who expressed interest in foster care said they would be willing to work with deviant behavior, not one was sufficiently self-punishing to say that she would work with all of the kinds of deviant behavior described in the interview. One woman thought that she could work with only four of the types of behavior described, but the others thought they would be able to work with five or six. A restless and defiant child seemed to be the most frightening kind to them; only two women said that they would undertake to work with such a child. No one expressed moralistic attitudes about deviant behavior, the idea being generally expressed that behavior can be changed and that as foster parents they would try to change it by working with the child.

Conclusions

The findings of this study suggest that social agencies would be well advised to undertake foster-home recruitment programs in higher income suburban areas. They also suggest that churchgoing women in such areas might be motivated to sponsor children from institutions or children in critical life situations, and in doing so might become interested in further work with social agencies on behalf of children.

The interview guide produced useful material from the interviewees, not only for determining their possible interest in foster care but also for identifying families having problems in parent-child relationships. Further experimentation with this type of questionnaire guide for interviewing is indicated to test its usefulness as a first screening device in recruiting sponsors and foster parents.

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[1] U.S. Department of Commerce, Bureau of the Census: Maryland—general social and economic characteristics. U.S. Census of Population 1960, Series PC (1–C). 1962.

A voluntary adoption agency improves its services through the . . .

DIFFERENTIAL UTILIZATION OF SOCIAL WORK PERSONNEL

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MOST social and health agencies that wish to improve their services to individuals, whether children or adults, are faced with the problem of a shortage of the kind of highly qualified professional persons they need to carry out those services. This is especially true of adoption agencies, which have often been subjected to criticism for the quality and quantity of service they offer. At the Spence-Chapin Adoption Service, a voluntary agency in New York City, an attempt, beginning in 1956, to improve services by incorporating modern mental health concepts into the agency's structure, policies, and practice ran headlong into the shortage of highly skilled and experienced professional social workers. The result has been a reorganization of the agency's practices for the greater utilization of its highly qualified, professional social casework personnel and a greater emphasis on the training of beginning workers and students.

This change was actually the by-product of a conviction that the anxiety experienced by many adoptive couples in the adoption process could be reduced by continuing attention to ways of insuring as therapeutic a service as possible to the agency's individual clients—adoptive applicants, natural parents, foster parents, and children. The question of how improvements in these directions could be brought about if additional highly qualified social work personnel could not be obtained then had to be faced. Gradually, the agency came to three conclusions:

1. The manpower shortage in social work had to be realistically recognized.

2. Offering to highly qualified social work personnel on the agency's staff increased opportunities for practice in leadership would make it possible to use these key staff members to better advantage.

3. Greater fulfillment of the agency's educational responsibility in social work training and field instruction was inescapably related to the improvement of its services.

These conclusions led the agency to factor out the aspects of the casework process in an adoption-foster care agency which require exceptional casework or administrative skill and those which, under competent casework supervision, can be carried out by students and beginning workers. As a result the agency believes it has achieved: (1) maximum utilization of key administrative and supervisory personnel in aspects of the casework process per se as well as in casework supervision; (2) a multiplier effect on both personnel and services, derived from the training of increased numbers of students in social work; and (3) the development of methods of working with clients which incorporate constructive mental health principles.

The steps to reorganization were based on convic-

tions shared by the agency's board and staff that: New methods of serving clients should be continually explored; these methods must be related to the stage of development and size of an agency and should themselves evolve and adjust to meet changing circumstances and conditions; and efficient caseload management would be crucial in any plan to improve the quality and quantity of service. Thus:

1. A statistical card system was inaugurated with triplicate cards; one for the caseworker, one for the supervisor, and one for the central statistical clerk. This system provides for better caseload management and better administrative and supervisory control of case movement.

2. Additional clerical staff was taken on to provide better departmental secretarial service, thus freeing the casework staff for more complete concentration on casework activities. Case recording was streamlined, changing from the process type to the summary type. Legal and other procedures were studied, revised, and developed into an agency manual.

3. The agency incorporated into its philosophy and practice the concept of screening-in rather than screening-out clients, maintaining at all times an "open door" policy toward people seeking service. A centralized telephone inquiry desk was established for dealing with all community inquiries and referring persons whom the agency cannot help to appropriate community agencies.

4. Three departments were established within the agency: (1) a natural parents department; (2) a foster care department; and (3) an adoption department. This departmentalization was envisaged not only as a way to provide greater efficiency through some specialization and to recognize the varying elements of "imperative need" of different types of clients, but also as a way of providing certain other mental health advantages to be discussed later. The staff's need to experience variety in caseload was insured by periodic transfers of staff members from one department to another.

5. Gradually the number of supervisors in the agency was increased from 3 to 10, the number of students from 2 to 20, and the number of persons beginning their work and graduate study at the same time (called work-study students) from none to 20. The professional performance of the supervisors was strengthened by selected reading from the agency professional library, by agency seminars, by attendance at graduate university seminars and institutes, and by the actual experience of supervising. Appropriate consultants (in anthropology, genetics, law, psychiatry, psychology, and religion) were made available to the supervisory group.

6. A central intake department was established, with the use of highly qualified casework and supervisory-level staff on a rotating basis.

Qualifications of Supervisors

The following criteria were established for selection of supervisors for students and beginning workers:

Personal Characteristics. Most important is a conviction about the importance of service to people and a respect for human dignity. However, supervisors need to guard against overprotecting their students in order not to impede the pace of "learning by doing." In fact, they need to encourage students to take some risks and learn from their mistakes.

Obviously, the supervisor must be fair and equitable with the students and able to function cooperatively with the administrator and other staff members. The supervisor should also have sufficient emotional maturity to have given up feeling entitled to some protection, special treatment, and moods, and thus become free to help others with their duties, needs, or problems, to share experiences with professional colleagues, and to give others the tools whereby they may become as proficient as, or more proficient than, the supervisor himself.

Supervisors need also to be able to help the student to see the client not only individually but also in relation to the family, the community and present-day society.

Professional Characteristics. Supervisors need themselves to have reached a high level in casework ability based on an understanding of theoretical casework dynamics. They must have the capacity to communicate this understanding to others—by example as well as verbally. This implies the ability to generalize from individual cases and experiences—to analyze, synthesize, and integrate. They also need an ability to conceptualize from their life experiences and to use outside reference material imaginatively and selectively in supervision.

Supervisors must also have the ability to teach casework to another whose personality, capacity, and approach may be different from their own, in a manner which will develop security and self-reliance and a deeper understanding rather than fearfulness and uncertainty. This implies a capacity to avoid assuming extensive detailed responsibilities and

judgments which should remain with the student.

Supervisors must be able to see and have a feeling of responsibility for the total agency program and caseload, rather than just a series of individual cases, and appreciate the way in which different parts of the organization must work together to carry out the agency function and to meet changing community needs. This implies an understanding of ways of facilitating the integration of casework, administration, research, and community organization.

With the aid of such highly qualified casework-supervisory personnel, the agency has been able to identify the major authoritative and therapeutic elements in the casework process so that these will not be confused in serving the client. Experienced personnel assume either therapeutic or authoritative roles as indicated. Students and beginning workers carry out therapeutic roles to the extent of their knowledge, experience, and capacity without the conflict that a combination of authoritative and therapeutic roles brings.

Intake and Selection

Through the new intake system, waiting lists, with their resulting anxiety for clients, have been eliminated and the better assignment of cases facilitated. Since all clients at this crucial phase of the casework process receive expert casework service from the most skilled caseworkers, assignments to students and to beginning or experienced workers can be made on a basis of extensive knowledge of the individual clients. Not only is this intake experience a good training ground for caseworkers being considered for later supervisory responsibility but it also provides a logical point for supervisors to keep a hand in casework practice. Thus they know what is going on in the community and do not tend to become isolated in an ivory tower, unrelated to changing circumstances in the human condition.

Recently the agency's efforts to offer clients at this period in the casework process the best perspective and skill which the field of social work has to offer have been expanded through the inauguration of a plan whereby selected casework professors from nearby schools of social work do intake—thereby participating in casework practice without the continuing responsibility which other types of casework involve. The agency believes that the close collaboration of school faculties and agency will be mutually stimulating to the faculty of schools of social work and to the agency's staff.

The agency recognizes that human beings cannot wait indefinitely in uncertainty. Therefore, as soon after the intake interview as possible a selection committee composed of supervisors meets to decide, on the basis of the intake interviews and the committee's knowledge of the number and types of children available, which applicants can be encouraged as prospective adoptive parents and which cannot. The couples are notified immediately of the decision so that their uncertainty can be relieved. This selection system also provides for equitable treatment among the clients in that it makes selection a joint decision of experts, and not a decision by one person. Criteria for such selection include many factors related to the couple's ego strengths rather than such arbitrary factors as age or income.

Differential Caseloads

At Spence-Chapin the adoption caseworker does not work with the natural parent whose child is to be placed with the adoptive couple. Thus she is not burdened with the divided loyalty of working with clients with conflicting needs or interests—the natural parent and the adoptive parents. The caseworker for the natural mother works only with her, not with the child and foster parents. With this protection against conflicting interests, the mother can feel assured of the agency's sincere, sustained interest in her as an individual. Natural parents' visits to their children are made at the agency rather than in the home of the foster family, thus reducing the chances of unnecessary entanglements.

In view of the shortage of professionally qualified social workers, it seemed to us that some new methods needed to be developed in the use of personnel with varying degrees of skill. As a result, change in workers is built-in at Spence-Chapin by plan. Some interesting by-products have emerged from our thus forsaking the long-held beliefs that "it is always good for a client to have one worker" and that "it is always detrimental to some extent to have more than one."

For example, appropriate use of different staff members, at crucial stages in the casework process in adoption (intake, home study, supervision, and finalization of the legal process), provides for greater specialization in particular aspects of each process. This diminishes the dependency of the client on any one worker in the agency, for the fate of the client is not entirely in the hands of any one person. It also prevents couples from developing the idea that one particular worker has given them their child.

The agency's aim is not to make the client dependent upon the agency but rather to help him gain additional perspective and to recognize, with increased rather than decreased confidence, his own strengths and capacities as an adoptive parent.

Once a couple has been tentatively selected as adoptive parents by the selection committee, the case is assigned to a beginning worker and the home-study period begins. This period is envisaged not as a period of extended evaluation but as a constructive one of planning for adoptive parenthood. With the caseworker's help, the prospective adoptive parents assess their life experiences and rather than becoming involved in the kind of excessive self-preoccupation induced by long periods of evaluation begin thinking about what kind of child they can value and what they can give to that child.

In other words, instead of spending months looking for the Achilles' heels in adoptive parents, concerned only with their personality, marital, or other problems, the home-study caseworkers work with the most mature elements in the couple with the expectation of placing a child. Couples are not expected to resolve all of their conflicts, but the worker tries to help them to identify and do something about those they can recognize and to learn to live with the others.

If in this home-study period serious problems come to light which might contraindicate placing a child with the couple, the caseworker discusses this with a supervisor who herself seeks to clarify the points in an interview with the couple, leaving the caseworker free to carry out her therapeutic, casework role. Similarly, in the foster care department, authoritative decisions on closing a foster home or moving a child are made by supervisory personnel, leaving the caseworker's role with the family as a therapeutic one.

In the natural parents department, the caseworker also carries an exclusively therapeutic role with the unmarried mother both before and after the child is born. Emergence of legal complications are taken care of by the worker only insofar as these do not conflict with the therapeutic role. When they do, administrative-supervisory participation in the case is arranged for.

Training Responsibilities

Dr. Paul W. Pruyser has recommended that the professional training of social workers be modeled upon the system used in medical education whereby the school and the hospital are integrally related to one another. He emphasizes that the social worker in preparation needs an atmosphere of working social workers, whose faith, doubts, daring, creativity, and risk-taking he can observe and discuss and with whose professional behavior he can identify. He also notes that the agencies stand to benefit greatly in the quality of their staffs' attitudes and work when the presence of advanced students forces staff members into educational and supervisory roles.[1] We have found this to be true at Spence-Chapin.

In 1956, the agency had 2 students in fieldwork; in 1963, it had 20 students from 4 schools of social work and 20 work-study students. Experience has shown that students respond enthusiastically and productively to the agency's high expectations, its encouragement of creativity, and the type of supervision it offers.

Focus of Supervision

Cases are assigned to students on the basis of the client's particular needs and of what the particular student can bring to the situation from his own background and life experiences. The aim of the supervisory program is to help the student start learning immediately with a minimum of anxiety and a maximum development of his strengths. Not only is there individual supervision of students but also group orientation in each department, as well as special seminars, with suggested professional reading.

The seminars focus on areas of specific significance for an adoption and foster-care agency located in New York City and serving a wide variety of clients: (1) sociological-anthropological factors affecting casework; (2) psychosexual growth and development; (3) ego psychology in casework; (4) purposiveness of normal human behavior; (5) ego identity; (6) legal considerations in adoption; (7) psychological growth and development of a child; (8) maternal attitudes; (9) separation and union; and (10) marriage and the family. In these seminars, led by supervisory staff, the effort is to teach the significant concepts which emerge from casework practice rather than to duplicate in any way the educational program of schools of social work.

In individual supervision, there is concentration on what the student can do rather than on what he cannot do, on teaching significant concepts, not acting as "straw bosses" training apprentices. On a planned basis, students may sit in on a joint interview with an experienced caseworker or supervisor.

Each spring, the agency receives applications from students in accredited schools of social work through-

out the United States who have completed 1 year of graduate social work education and who wish summer employment. In the summer of 1963, 17 students were so employed from 9 schools of social work. All were outstanding students who performed creditably during their summer employment, and at the same time, we hope, gained knowledge and skill in casework practice from their work in an adoption agency, from the supervision which the agency offers, and from the agency's philosophy, policy, and practice.

In addition the agency employs each year varying numbers of outstanding college graduates who wish to look into social work as a professional field but who, for a variety of reasons, do not wish to attend a graduate school of social work full time. These work-study students work at the agency 4 days a week and attend a graduate school 1 day a week, completing the equivalent of 1 year of graduate social work education in 2 years. The salary for this employment enables the student to finance his part-time graduate education and to maintain himself, without any subsequent agency commitment.

The 20 work-study students now in training come with outstanding academic records from 19 colleges and universities. Without exception, their interest in this work-study program was prompted by a wish to be more independent than full-time attendance at a graduate school of social work would have permitted. Financial need was secondary to a wish to be financially independent of family and of the commitment graduate social work scholarships usually entail.

Through the use of these graduate work-study students, working under professional casework supervision, it has been possible for the agency to undertake and staff an unusually successful demonstration project in foster care. In the last year over 300 homeless children, most of them Negroes or Puerto Ricans, have been taken from well-baby wards of hospitals and placed in long-term foster homes, returned to their parents, or placed in adoption. This project has constituted a significant breakthrough in the problem of children who remain in New York City's hospitals only because they have no place else to go. In view of the manpower shortage in social work, it would not have been possible without the full utilization of both highly qualified personnel and work-study students.

Through the methods just described the Spence-Chapin Adoption Service has attempted to face realistically the shortage of qualified social workers. As already mentioned, our purpose has been to utilize all our personnel—our most experienced as well as our least experienced—in ways most likely to insure a greater quantity and a better quality of service to clients, while adding continually to the reservoir of qualified personnel in the field.

[1] Pruyser, Paul W.: Existentialist notes on professional education. *Social Work*, April 1963.

Children, in consequence of their *inexperience* and *helplessness,* have a RIGHT to CLAIM the exercise of PATIENCE and *forebearance* towards them. . . . . CHILDREN *have a* RIGHT *to breathe the air of heaven.* . . . The RIGHT to have *amusement.* The RIGHT to receive *moral* and *religious* instruction. The RIGHT to *be heard in their own defence,* when they are charged with any *offence* or *crime.* The RIGHT to *weep,* and the RIGHT to *laugh.* . . . Parents and teachers should, in the government of their children or pupils, have strict regard to their *nice* and *delicate sensibilities.* These should neither be *shocked* nor *crushed.* It *is* their RIGHT.

Lyman Cobb in The Evil Tendencies of Corporal Punishment As A Means of Moral Discipline in Families and Schools, *1847.*

A GROUP APPROACH TO PARENTS OF CHILDREN IN TROUBLE

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WORKING with and understanding parents of children in trouble has always been a vital and necessary adjunct to good probation supervision. Inherent in such a concept is an evaluation of the emotional, mental, spiritual, and physical background of the probationer and his family as well as a responsibility to understand the attitudes and values underlying the family's approach to its problems.

Have juvenile courts been working as effectively as they might with the parents of the children who come before them? Convinced that the Montgomery County Juvenile Court (Dayton, Ohio) was not reaching some parents effectively, this court's probation department initiated a pilot project to involve parents more fully in its treatment program for children on probation.

Our realization of the need for a more comprehensive approach in probation supervision was gained by reviewing several of the problems often encountered in trying to reach parents of children in trouble. These are:

1. ***Parental unavailability.*** Many parents are unavailable during the normal working hours the court offices are open. Usually these are the hours of the father's employment and often of the mother's. Even when the parents are reached at home, interviews are often difficult because of the presence of several young children or other family members. Few mothers of the children we are concerned with can obtain or pay a babysitter or take a few hours off regularly from normal household and child-care duties for office appointments. Ready transportation is often lacking.

2. ***Parental resistance.*** Many parents, though desirous of helping their child, will not see or cannot see the need for their own participation in frequent casework interviews. They feel that the child is the one who has broken the law and that it is he, not they, who needs assistance. Protesting that they themselves have never been arrested and that they do not understand why their child has encountered conflict with the law, they see the help that is being offered as help being imposed upon them.

3. ***Authoritarian image.*** Many parents accept the court's authority to detain or to commit, but not to cause changes in their lives. Consciously or unconsciously resenting authority themselves, some find it difficult to accept external controls. They are unwilling to talk in individual interviews about their problems or those of their child out of a fear of being controlled.

4. ***The probation counselor's schedule.*** In a recent staff work and time analysis made by the Montgomery County Juvenile Court, it was found that a probation counselor in a month's time had approximately 100 hours for direct contacts with probationers and their families. Since a minimum of 50 cases, inves-

tigative and supervisory, comprised the average caseload, simple arithmetic indicated that only 2 hours per case per month were available for both the probationer and his family. Even after classifying cases for time allowances according to their varying needs, the probation counselor is still unable to work as intensively in most situations as the case requires.

5. *The approach.* Although the professional staff of the juvenile court must become involved with the delinquent's total environment, the center of which is the family, the counselor too often deals exclusively with the delinquent. Since the family is the basic unit from which the child draws his underlying attitudes, values, and philosophy of life, failure to invoke processes by which more parents can be reached often results in failure to reach the child's principal source of orientation.

Group counseling is being used today in many kinds of settings,[1] but infrequently with parents of children in trouble. In 1956 the Wayne County Juvenile Court (Detroit, Mich.), under the direction of Judge Nathan Kaufman, applied its techniques in working with parents of delinquent children, but unfortunately the results were not published. Perhaps other courts have undertaken similar programs while still others have been slow to apply the group approach because of a lack of conviction concerning the use of such a method. No doubt the lack of staff trained in group techniques has often deterred the use of a group approach to parents, but the fact remains that group counseling with parents gives some promise that a court staff may reach more of them more effectively if even the present scant knowledge and experience are applied.

Preliminary Planning

In planning our program we found encouragement in the statement found in a description of the group approach to prospective adoptive parents that "the diagnostic picture obtained at the group meeting clarified areas which were obscured in individual interviews" [2] and in the suggestion contained in a treatise by Gisela Konopka that agencies which cannot obtain a group worker "use the professional person whose skill is closest to that of the social group worker: namely, the social caseworker." [3] Since our court did not have a group worker, we determined to proceed according to the latter advice.

Our first step was the formation from within the court staff of a board of advisers, each of whom had 9 or more years of casework experience, to establish the format of the proposed program. Most of these board members, in their years of casework experience, had participated at one time or another in a group project. The board began by examining articles describing the dynamics of various group programs published in professional journals over the past 5 years. The techniques, methods, and limitations revealed in these articles were discussed in relation to their applicability to the proposed parents' program.[4, 5]

At the conclusion of its conferences, the board chose one of its members to serve as director of the project and together with him arrived at specific methods of conducting a program designed to modify uncooperative or poor parental attitudes and to improve the parents' social functioning.

In order to concentrate the project's efforts and to reach a maximum number of parents, it was decided to conduct the program in a public housing development where 14 families containing 15 children under court supervision and 22 adults lived. In only 6 of these 14 families were the natural parents living together. The other eight were broken by death, desertion, separation, or divorce. Five families were headed by a mother alone, two by a mother and stepfather, and one by the maternal grandparents. These 14 families accounted for over 140 registrations with various social agencies, no family having less than 2 registrations.

A room in the housing project was made available for the meeting by the management and equipped with tables and chairs supplied by the housing administrator. By bringing the program to the parents there, it was hoped that more participation would be secured, the court's sincerity of purpose would be made evident to the families, and possible existing barriers would be broken down as the court personnel and parents met together in a spirit of cooperative effort.

Important to the launching of the program was a letter sent by Juvenile Court Judge Frank W. Nicholas to the family heads inviting them to the first meeting. In the letter the judge pointed out that all persons, regardless of calling, realize that young people and their families today face many problems of a complex nature and that because of this it is sometimes helpful for parents to sit down together and talk over matters of mutual concern. A brief outline of the proposed program followed, which was to include a film, discussion, and social hour. The letter ended by inviting each parent to feel free to bring along a friend or neighbor who might be interested in any aspect of the program.

The letter was followed up by telephone calls by the program director and the probation counselor assigned to the district in which the housing project was located. This approach, we believe, had much to do with the favorable response to the invitation and the creation of the friendly but earnest atmosphere which characterized the meetings.

The Program

As a beginning, we decided that one evening meeting a month for 4 months, from October 1962 through January 1963, would give a fair indication of the results to be expected from such a program, would test the degree of parental interest that could be sustained, and would enable the program director and the court to evaluate the possible benefits to be derived from the program. Each meeting was scheduled to last for at least an hour beginning at 7 p.m., more time being permitted if indicated by parental interest.

Each of the meetings was divided into three segments, each consisting of 15 to 25 minutes for the showing of a film, 10 minutes for comments by the judge or other members of the court staff concerning points of interest or emphasis in the film, and 30 minutes or more for group discussion. The films, "The Angry Boy," "The Meaning of Adolescence," "Disciplining of Adolescents," and "Beginnings of a Conscience," were selected for their general interest, pertinence, and the absence of content so pointed as to be likely to cause resentment among the viewers. In selecting these films consideration was also given to the question of whether the homes and families they depicted were enough like the homes of the families represented at the meetings for the audience to be able to identify with them.

To stress the informality of the occasion, coffee and doughnuts were provided and the tables in the meeting room were made attractive through the use of tablecloths and accoutrements. The cost of each meeting was less than $10 and was met through a special court fund donated by private citizens.

Six to eight parents sat at each table along with a member of the court's casework staff who was serving in a volunteer capacity. The caseworker stimulated conversation when necessary, listened attentatively to the parents' discussions, answered their questions, provided them with support in expressing their views, and was available at the conclusion of the meeting to answer any private inquiries.

Immediately after the close of each session, the staff members who served as discussion leaders met with the director and the instructor to discuss and evaluate the events of the evening. Within 24 hours a written summary of the evaluation was submitted to the board of advisers for possible suggestions.

Twenty-one parents, on the average, were present at each meeting, double the number originally anticipated. The women in the 14 families initially involved attended an average of 3 meetings each. Three of the five fathers attended one or more meetings—one, once; another, three times; and the third, four times. The grandfather and a stepfather each attended one meeting. In addition, the parents in five of eight families invited by the participants attended one or more meetings. The other participant-invited guests could not attend because of illness or work schedules.

Parents' Participation

At the close of the formal part of the first session, the parents seemed to relax as they began to discuss the film and the verbal presentation which had followed it. The refreshment period, which came before the group discussion, was an obvious aid in dissipating tensions. A lowering of defenses and a reduction of anxiety were clearly in evidence. Under the guidance of the counselors, all present were given an opportunity to express their feelings and to discuss their children's problems with other parents, and no one parent found it possible to dominate the conversation. At the second session, and thereafter, a number of parents did not wait for the start of the program to discuss their problems but came early to talk about them with the counselors.

Similarly, after the conclusion of the scheduled portions of each session, many parents would stay and continue the discussion or seek private consultation with a member of the court staff.

Sometimes the discussions became charged with emotion. For example:

Mr. A spoke vehemently of his need to spank his children because of their disobedience, which both he and Mrs. A obviously found extremely frustrating. The methods he described using were harsh to the point of cruelty, but it was evident that both he and his wife were seeking support for their actions. Before the discussions could be channeled to less highly charged areas, other parents entered the discussion, lending them support in the general use of physical discipline but diplomatically pointing out the harshness and the futility of the methods they were using. When these points were made by persons who also were facing frustrating disciplinary problems, Mr. and Mrs. A both listened attentively.

Later when the probation officer called at the family's home, Mr. A, who had never before kept an

appointment with him, was there and willingly participated in the interview.

Some Problem Solving

The lack of communication often found in individual casework interviews seemed to quickly disappear in these meetings.

For example:

Mrs. B, a very self-centered mother, had continually resisted every effort of the probation counselor to help her modify her condescending attitude toward her neighbors and to understand her rejecting attitudes toward her child. Apparently feeling greatly superior to her neighbors, she was highly embarrassed by her child's delinquent acts. After attending the series of group meetings, she freely told the caseworker that she saw much of herself in the films and that she now had a lot of questions about herself to which she was beginning to find the answers.

Such a voluntary statement coming from a mother who could not previously even ask the caseworker questions indicated real progress. Apparently the content and atmosphere of the group sessions had helped Mrs. B to see some of the opposing forces within herself and to find them no longer so threatening that she needed defenses against them.

Another example of problem solving through the group is afforded by Mr. C:

During the second session, after the showing of the film, "The Meaning of Adolescence," Mr. C raised the question of drinking among teenagers. Although up till then he had been quiet and unrevealing, he took an active part in the discussion as a lively exchange of ideas took place. He began to reveal many of his feelings about alcohol and after a while admitted that he personally had a drinking problem. He apparently had already given some thought to the effect of his drinking upon his job and work habits, but had never seriously considered the effect upon his wife and children. For the first time in the court's acquaintanceship with Mr. C he seemed to be able to discuss this weakness, perhaps partly because several women in the group who had been married to heavy drinkers talked about the effect of drinking on their families.

Mr. C continued to attend the sessions regularly for their remaining 2 months, and during that time, and for at least the several months which ensued until his son's case was closed in the court, he apparently grew much closer to his family and found sufficient support to refrain totally from drinking.

In another family, the D's, group discussions provided the first break in a seemingly impregnable wall of resistance against any kind of counseling. Mr. D had always been unavailable when the probation counselor called at the home, and Mrs. D had usually seemed highly defensive and suspicious of all attempts to secure information from her. The probation counselor learned, however, that Mr. D was a man with considerable hostility toward authoritarian figures, and had at one time served a prison sentence for a felony. While Mrs. D usually gave excuses for his inability to get a job or properly support the family, there were occasions when the probation counselor felt that she really wanted to discuss the family's problems but could not because of the hostility of her husband and her loyalty to him.

Both Mr. and Mrs. D participated only reluctantly in the first two group meetings, making few comments. However, after viewing the film, "The Angry Boy," Mr. D in sharp tones spoke of the negativism of teenagers today, referring frequently to his own son. As he talked about his son's lack of drive, failure in school, and refusal to help around the house, it became obvious that he was imputing many of his feelings about himself to his son. Some of the parents in the group seemed to sense what was happening and talked of similar difficulties they had experienced with their own children, but at the same time spoke of their own faults. Both Mr. and Mrs. D listened attentively as the discussion progressed and after the session both of them approached the program director to discuss their family problems and other areas of personal interest. While this initial interview was somewhat superficial, it was the first time that either Mr. or Mrs. D had sought help from a court worker or appeared willing to engage in a counseling process.

In a later group session, Mr. and Mrs. D again participated actively in the discussion, with noticeably less hostility. The discussions had apparently helped them to realize that they were more like other people than different and that those present, including the representatives of the court, were genuinely interested in helping them find the right solutions.

For all participants, these informal group meetings seemed to afford a natural opportunity to compare notes and to realize that others were having problems and needed help the same as they. For two women one session led to concerted action. After the showing of the film, "Discipline of Adolescents," these two women began discussing the practice of their preteen and early teenage daughters of scheduling fights with other girls with whom they had become angry. The girls would make appointments to fight at a particular place and time somewhere within the area of the housing project. While only a few girls were usually actually engaged in fighting, many others would gather around as spectators. The manner in which the fights were waged apparently would have done honor to the toughest gang leaders. The police had been called on several occasions, but the clashes had continued and had developed into a major problem for the families concerned and the neighborhood generally.

The two mothers discussing the fights at the group meeting seemed at a loss as to how to control their daughters. During their discussion, however, they

resolved to be present themselves at the time and place of a scheduled fight. Other parents promised to keep them informed and to accompany them.

On the next occasion that the girls had arranged to meet in physical combat, the mothers of the two fighters and a few other parents put in an appearance, and the fight was called off. The probation counselor within the district now reports that no scheduled fights have since occurred and that there is every reason to believe this form of conduct has ceased altogether.

Some Values

Most, if not all, of the parents who participated in the project have seemed to appreciate the opportunity it gave them to secure additional insight regarding the origin of a child's problem. This has been evident in such comments as:

"This is just what we needed here."

"I am surprised to see that others have the same problems I do."

"It is good to be able to talk and get things off your chest."

"I feel this has really helped me."

"It is nice to come here because I seldom get to go anywhere and talk with others."

For the first time, many of the parents could accept the court as being an agency of help and the court's staff as possessing some special knowledge and skills. From the court's standpoint, the project has provided an important opportunity of coming to know the parents better through face to face encounters on an informal give and take basis.

The primary purpose of the program was to determine whether or not under court sponsorship parents would be willing to meet and discuss the problems of their children and to find out whether they had the ability to help and to be helped by each other. The experiment indicated that both of these questions could be answered in the affirmative. It also demonstrated that with court and parent cooperation and very little money, programs of this nature can be taken to many parents who want and need help but who for one reason or another cannot or will not accept it in a more formal setting. As a result, the court anticipates conducting more programs of this type in the future. Further, it is the court's intention to systematize and more thoroughly study such programs as they are conducted in order to gather empirical data which will contribute to the knowledge of delinquency prevention, causation, and treatment.

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[1] Fenton, Norman; Wiltse, Kermit T. (eds.): Group methods in the public welfare program. Pacific Books, Palo Alto, Calif. 1963.

[2] Conklin, L., et al.: Use of groups during the adoptive post placement period. *Social Work*, April 1962.

[3] Konopka, G.: Social group work: a social work method. *Social Work*, October 1960.

[4] Spellman, D.: Nucleus and boundaries in social group work: seven propositions. *Social Work*, October 1961.

[5] Matsushima, J.: Group work with emotionally disturbed children in residential treatment. *Social Work*, April 1962.

To enter history, each generation of youth must find an identity consonant with its own childhood and consonant with an ideological promise in the perceptible historical process. But in youth the tables of childhood dependence begin slowly to turn: no longer is it merely for the old to teach the young the meaning of life, whether individual or collective. It is the young who, by their responses and actions, tell the old whether life as represented by the old and as presented to the young has meaning; and it is the young who carry in them the power to confirm those who confirm them and, joining the issues, to renew and to regenerate, or to reform and to rebel.

Erik H. Erikson, "Youth: Fidelity and Diversity" in* Youth: change and challenge, *Basic Books, New York, 1963.

An essay review . . .

THE UNIVERSAL CREATIVITY OF EARLY CHILDHOOD

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KORNEI Ivanovich Chukovsky, who is now in his 83d year, is practically unknown among Western readers, although he is by far the best known and most widely published children's writer in the history of Russian literature. Highly prolific as an author, translator, and literary historian with deep humanistic roots, Chukovsky has written poetry and stories for preschool children that have appeared in over 40 million copies and in numerous translations. No other living writer for children can match this record. In recognition of his contribution as a translator of Shakespeare, Kipling, Oscar Wilde, and other English writers, he was awarded in 1962 an honorary doctorate from Oxford University.

Chukovsky was already a well-known writer and translator in prerevolutionary Russia, and on one occasion represented the czarist regime in a goodwill mission to Britain. Although frequently in conflict with the official Soviet policy on literature and pedagogy, Chukovsky has managed to maintain an influential role among Russian writers. He has served for many years as director of the Soviet World Literature Publishing House.

Throughout his career as a creative writer and literary scholar, Chukovsky has sustained a scientific interest in children's speech and linguistic development. He is an indefatigable collector of children's witticisms and spontaneous humor. The fruits of his research and speculation on the poetry, speech, and linguistic creativity of preschool children are summarized in his best known work *Ot dvuch do pyati* ("From Two to Five"*), which first appeared in 1924 and is currently in its 16th revised edition.

Miriam Morton and the University of California Press are to be congratulated on making available to American readers this partial translation of Chukovsky's outstanding book. It is based on the 13th edition and includes less than half of the original content, large parts of which are untranslatable since they deal with Russian word play and linguistic analysis which cannot be conveyed in English. To this partial translation has been added a clever and gifted English version of one of Chukovsky's most popular poems, *Tarakanishche* ("The Roach"), rendered with the assistance of Mrs. Nina Wiren, associate in Slavic languages at the University of California, Los Angeles.

Children Are Children

The major impression conveyed by the author's anecdotal material and insightful commentaries is that the life of childhood, its beauties and wonder and delightful illogic, is not much different in the Soviet Union from what it is in the United States. It is possible, for example, that the Russians do try to inculcate a different approach to such a basic "capitalistic" mode of behavior as buying and selling, although Chukovsky's book abounds with quotations that would lead one to think otherwise. Here are a few among many examples:

Three-year-old Irina was convinced that her mother was not "buying" a baby because babies were too expensive. With this in mind, every penny (*kopeika*) that she happened to find on the street, in the yard, or around the house she brought to her mother with the same directive: "Only for buying the baby! Don't spend it on anything else!"

A persistent, teasing old man said to 5-year-old Natasha, about her younger sister: "Give me this little girl as a gift!" "That's impossible!" Natasha objected stolidly. "We paid money for her."

"This church is closed."
"Are they taking inventory?"

Only occasionally do we encounter evidences of propagandistic influences on the child's thought. The following is the only anecdote in the book with a specifically anti-American flavor:

"When it is day here, it is night in America."
"Serves them right, those capitalists!"

Chukovsky believes that optimism, the pursuit of joyousness, and the rejection of suffering and death are almost innate tendencies of preschool children: "Re-creating optimism is one of the great laws of the child's life."

Western readers and child development specialists, alerted to a literature that also stresses the aggressive and asocial behavior of children, will doubtless find this view overly simplified. Still, Chukovsky presents rich anecdotal material which is worthy of attention. He refers to "an osteotuberculosis hos-

*Chukovsky, Kornei I.: From Two to Five. (Translated and edited by Miriam Morton, with a foreword by Frances Clarke Sayers.) University of California Press, Berkeley and Los Angeles. 1963. xx plus 168 pp. $4.50.

pital, where small children, bedridden for years, manage, despite their strained lives, to feel such blessed joy of living that even the pain they endure, year after year, does not traumatize them as it would adults."

Chukovsky also presents many case examples of ways in which children distort, cognitively and affectively, specific incidents in well-known fairy stories and children's poems so as to censor intimations of pain and death.

Particularly noteworthy are the chapters on "The Sense of Nonsense Verse" and "The Battle for the Fairy Tale" in which the author makes a spirited defense of fantasy in the lives of children and permits himself a number of caustic comments at the expense of "bureaucratic contrivers" and "leftist pedagogues who had, with stupid persistence, banished our great and poetic folklore from the educational experience of Soviet children." Chukovsky himself, along with Maxim Gorki, took a leading role in promoting the more enlightened and more prevalent viewpoint.

In her preface, the translator has the following to say: "In the simultaneous exchange of culture, and invective, between America and the Soviet Union, it is hoped that the translation of this sensitive, instructive, and beguiling book will help tip the scales in favor of culture." Readers of this book will agree that the translator has indeed helped to tip the scales in the right direction.

BOOK NOTES

STATUS FORCES IN DELINQUENT BOYS. Martin Gold. Institute for Social Research, University of Michigan, Ann Arbor. 1963. 229 pp. $6 hard cover; $5 soft cover.

Poverty in itself does not cause juvenile delinquency, but the low status associated with poverty does seem to result in weakened controls against and stronger provocations to delinquent behavior. This is one of the main conclusions based on field research conducted by the author of this report, a part of the Flint Youth Study of the University of Michigan's Institute for Social Research. His study focused on the relations between social class on the one hand, and, on the other, community, school, intrafamily processes, and individual attitudes and behavior.

Drawing largely on interviews with 92 delinquent, white, teenage boys and (separately) their parents and with an equal number of nondelinquent matched controls and their parents, in blue-collar and white-collar families, the author concludes that:

• "Attraction to the family . . . seems to be a crucial variable" in determining a boy's vulnerability to delinquency. Since lower-status families have lower attraction for their children, these families have less control over their children than those with higher status.

• The son's anticipation of his own future status depends both on his father's status (in the community and in the boy's eyes) and on his own school achievement—which, in turn, is much influenced by his father's status.

• Delinquency among middle-class boys stems from factors like those producing delinquency in lower-status boys, but "real" as well as detected delinquency appears to be more frequent among the poor than the prosperous.

The study, which is built on critical analysis of previous research, supports a number of propositions put forward by other investigators, modifies a few, and challenges one or two.

THE RESEARCH COMPENDIUM: review and abstracts of graduate research, 1942–1962. Edited by Margaret Avison, Albert Rose, and Florence Strakhovsky. University of Toronto Press, Toronto, Canada. 1964. 276 pp. $4.50.

Distillations of 398 dissertations and master's research reports submitted over a 20-year period by graduate students of social work at the University of Toronto are presented in this book. In an introductory essay, entitled "Impressions of a Lay Reader," Margaret Avison, who prepared the abstracts, finds them indicating "a disturbing number of communal responsibilities for which no part of the community yet acknowledges steady obligation." Another introductory essay, by Albert Rose, coordinator of research for the university's school of social work, discusses the evolution and function of the research requirement in graduate study as well as some current problems and practices related to it.

The abstracts—2 of doctoral dissertations and 396 of master's theses—report on inquiries into various aspects of health and welfare services, the processes of social work, and community attitudes toward the profession of social work and toward social services.

THE WASTED AMERICANS. Edgar May. Harper & Row, New York. 1964. 227 pp. $4.50.

That public assistance payments have only stalled, not eliminated, poverty is the crux of this work about the people on public assistance rolls. Their poverty the author attributes partially to a faulty system of education, inadequate housing, and racial bias.

Pointing out that no county in the Nation is free of public assistance recipients, the author, a journalist who has been a public assistance worker, portrays the problems for people and program arising from the collision between increasingly high public assistance rolls and the American folk image epitomized by Horatio Alger. In discussing the controversies raging over parents in the program of aid to families with dependent children, he points out that "we have failed to ask penetrating questions about their children"; and he charges that the program has failed to provide the child with the chance to "drop the shackles binding its parents."

The author also discusses the problems of unemployment among youth; the aged and their major worry, how their health care bills will be paid for; the unreasonable expectations placed on

untrained, overloaded public assistance workers; birth control, the "whispered solution"; and the estrangement between the "haves" and the "have nots" grown amid suspicion, distrust, exaggeration, and distortion.

The book ends with suggestions that include a massive recruiting drive for public welfare social workers stressing quality as well as quantity.

BRAIN DAMAGE IN CHILDREN: the biological and social aspects. Herbert G. Birch, editor. The Williams & Wilkins Co., Baltimore, Md. 1964. 199 pp. $5.95.

The fruit of a multidisciplinary conference held in Philadelphia in 1962, under the auspices of the Association for the Aid of Crippled Children, this volume presents summaries of eight papers and of the ensuing discussions as a step toward bringing into common focus the diverse professional approaches to the causes and consequences of brain damage in children. Included among the disciplines represented by the authors are pediatrics, psychiatry, epidemiology, sociology, neurology, and experimental, clinical, and social psychology. Among the subjects they discuss are brain damage as a cause of behavior disturbance, strategies for studying perception in brain damaged children, the effects of such children on their families, and some epidemiological aspects.

In the introductory paper, the editor, a faculty member of the Albert Einstein College of Medicine, explains that the concept of "the brain-damaged child" with which the papers are concerned involves a certain pattern or set of patterns of behavioral disturbance, rather than any known pathologic change in the nerve tissues of the brain.

FATHERLESS FAMILIES: a study of families deprived of a father by death, divorce, separation, or desertion before or after marriage. Margaret Wynn. Michael Joseph Ltd., London, England. 1964. 212 pp. 25 shillings.

The gaps, anomalies, and ironies in the legal, economic, and social position of Great Britain's 785,000 fatherless children and their families are stressed by the author of this book against a backdrop of data on poverty among fatherless children and the social and legal rights of the fatherless family, suggested steps toward keeping such a family together, and arguments for recognizing it as a unit numerous enough to be part of social planning. Among the author's proposals are: a fatherless child allowance, payable regardless of the cause of the fatherless state; occupational training plans for mothers of fatherless families; housing accommodations for such families; and adequate day-care facilities.

Among the author's points:

• Want in Great Britain concentrates on fatherless children—half the children in the national assistance program are fatherless.

• The tax and national insurance laws—which discriminate finely among reasons for the father's absence from the family—fail to give some fatherless families either an enforceable right to support or any right to support at all.

• The law makes some arbitrary distinctions that render some fatherless children (for example, of unmarried mothers) underprivileged and exposed to perpetual emotional and psychological disturbances.

SELECTING FOSTER PARENTS: the ideal and the reality. Martin Wolins. Columbia University Press, New York. 1963. 223 pp. $6.

Citing as a foster parent of her day a widow to whom the Governor of Plymouth Colony indentured a boy "for 14 years, shee being to keep him at schoole 2 years, & to imploy him . . .," the author illustrates with such scraps of historical record the development of the various images of the foster parent role of today—as a kind of substitute "own parent," relative, or stepparent, or as a "professional" parent. With the purpose of bringing these diverse images into focus and thus developing criteria for improving, evaluating, and predicting the quality of foster care, the author conducted a series of studies—among child welfare workers, foster parents and their neighbors, and applicant families—which he reports here. Financed by the National Institutes of Health and sponsored by the Child Welfare League of America, the study drew a core of data from two voluntary agencies and nine county welfare departments.

Mapping areas of inconsistency, confusion, and deficiency in the way foster care is being provided, the book's eight chapters turn successively to a research view of foster care, the role of the foster parent, home selection procedures, the profile of the workers' ideal homes, and the evaluation of applicants. A supplement presents tabular material on typical cases, interview schedules, and discussions of the problem of validity and of the implementation of ideas.

The author is associate professor at the School of Social Welfare of the University of California at Berkeley.

WORLD REVOLUTION AND FAMILY PATTERNS. William J. Goode. The Free Press of Glencoe, New York. 1963. 432 pp. $9.95.

The massive movement in the world's changing family patterns toward dominance of the conjugal family over all other types, including the extended family, is the mainstream in this book's analysis of family structure and change during the last half century within the main cultural matrices of the world. Describing and interpreting these changes of pattern in relation to "the sociological processes at work in producing them," the author, professor of sociology at Columbia University, spends a chapter each on family patterns in Sub-Saharan Africa, Arabic Islam, the West, China, Japan, and India. Among the features he examines are practices related to mate selection, age of marriage, fertility, polygyny, divorce, widowhood, and remarriage.

Some of his main points are:

• Orderly processes of social change underlie basic changes in family structure; and the reluctance of some cultures to give up older family patterns comes sometimes from the absence in the emerging social system of viable and fruitful alternates: for example, the taboo against women's working outside the home endures where job opportunities for them are few and wages meager.

• Industrialization and women's entry into the labor force, as in Japan and Arabic Islam, appear to be accompanied by less marital breakdown, traceable perhaps to enhanced freedom in choice of mate and the improved bargaining power of the female.

The author sees the movement to the conjugal family as mirroring the aspirations of growing multitudes toward being able to "choose for themselves" in other sectors of life as well.

IN THE JOURNALS

Juvenile Court Practice

A plea for due process of law in juvenile court proceedings is made by Roger C. Algase in the fall 1963 issue of the University of Louisville's *Journal of Family Law*. ("The Right to a Fair Trial in Juvenile Court.") Among the constitutional protections he names as important are adherence to rules of evidence, such as valid use of confessions; the right of freedom from self-incrimination; the right to legal counsel; and protection from double jeopardy. He cites examples of differing levels of protection afforded in various juvenile courts.

In the same issue standards of conduct for juvenile court judges are discussed by J. Cameron Hall, General Counsel and State Grievance Administrator for the State Bar of Michigan. ("Judicial Ethics for the Juvenile Court Judge.") Focusing on the judicial canons of ethics, Mr. Hall presents examples of their application in daily practice. Among these examples are the use of a social service report, preparation of adoption petitions, the conduct of delinquency proceedings, the judge's role in legislative change, and the publicizing of court proceedings. Mr. Hall also emphasizes the need to give concrete recognition in juvenile proceedings to the same constitutional rights detailed in the Algase article.

Day Care for All Groups

About 99 percent of day-care arrangements for children of working mothers consists of informal arrangements between a mother and another individual—a grandmother, a neighbor, a paid sitter—according to Florence A. Ruderman, discussing some of the findings of the Child Welfare League of America's Day Care Project in the March 1964 issue of *Child Welfare*. One phase of this project has involved interviews with 2,500 mothers of various economic backgrounds in six cities and one rural county, and, according to the author, has revealed that help in making suitable day-care arrangements for children is needed today by many mothers in middle-income as well as in lower-income groups of the population. This, she suggests, poses a challenge to refocus day-care plans to take into account the needs of various population groups.

In the interviews, many working mothers expressed only qualified satisfaction with the arrangements they had made for child care, dissatisfactions being expressed with all types of arrangements by mothers from all socioeconomic levels. Determining the type of day-care arrangement the mothers would prefer was complicated, the author reports, because many mothers did not seem to know what a day-care center was and because of their tendency to say they were satisfied even though they made many critical comments about the arrangements they had made. Moreover, she points out, many mothers revealed uncertainty about how to judge the suitability of day-care arrangements of any kind.

Among the suggestions the author makes is the development of guides to help parents evaluate informal arrangements.

Minor Anomalies in Infants

Multiple minor anomalies in newborn infants may be clues to altered embryonic development which should alert the physician to the possible existence of a more serious abnormality, report three pediatricians in the *Journal of Pediatrics* for March 1964. ("Congenital Anomalies in the Newborn Infant, Including Minor Variations; a study of 4,412 babies by surface examination for anomalies and buccal smear for sex chromatin," by Philip M. Marden, David W. Smith, and Michael J. McDonald.) A major anomaly is defined in the article as one which either affects the physical functions or social acceptance of the individual, and a minor defect, as one having neither medical significance nor visible significance to the individual.

The authors examined 4,412 babies delivered at St. Mary's Hospital in Madison, Wis., from June 15, 1960, to May 30, 1962. Infants were examined on the morning of the first or second day after birth, and a buccal smear for sex chromatin obtained. Deviations classified as normal phenotypic variants after the survey began were not studied in the entire group, report the authors, and interpretation of what deviations constituted anomalies made necessary some arbitrary decisions in the process of classification.

Over the 2-year period, the examinations revealed:

- One minor anomaly or more in 14.7 percent of the 4,412 newborn infants.
- One major anomaly or more in 2.04 percent, including 0.7 percent with multiple major defects. (Over half the infants in the group with multiple major defects were stillborn or died soon after birth.)
- Incidence of chromosomal aberration detected in 4.1 per 1,000 of the infant population.

Only 0.8 percent of the babies with no major anomalies had more than one minor anomaly, as against 6.9 of those with one major anomaly and 56.2 percent of those with multiple major anomalies.

Brain-Injured or Naughty?

Questions as to the appropriateness of the concept "brain-injured" as a disease classification are raised by psychologist Muriel D. Lezak and psychiatrist Henry H. Dixon, Jr., in *Exceptional Children* for February 1964. ("The 'Brain-Injured' Child in a Clinic Population: A Statistical Description.") Noting that the behavior pattern often described as symptomatic of minor brain injury is similar to the behavior of children who are immature, physically active, and resistant to adult authority and standard teaching procedures, the authors hypothesize that in child guidance clinics children diagnosed as brain-injured with no neurological findings are composed more largely of boys, younger children, and children of lower intelligence than children with functional diagnoses.

Finding support for all aspects of this hypothesis in studying the case records of 99 children seen at a child guidance clinic, the authors ask: ". . . is this a disease entity to which young boys of dull-normal and normal intelligence are especially susceptible, or does the con-

cept 'brain-injured' represent an attempt to give scientific terminology to naughty behavior?"

The authors suggest further consideration of this and the corollary questions: What happened to children with "brain-injured behavior" 15 years ago before the concept of minimal brain injury received recognition in the child guidance clinics? What happens to the behavior of these children as they grow older?

Decline of the IQ Concept

"Our individual intelligence tests are dated and hoary with age. . . . in the process of examination, the child who was tested was somehow left out of the picture . . . ." writes psychologist Boris M. Levinson in the January 1964 issue of the quarterly *Mental Hygiene*. ("Quo Vadis I.Q.? Some Reflections on the Current Psychological Scene.") The author, a professor at Yeshiva University in New York City, maintains that tests designed to evaluate intelligence as an entity on the basis of rigid IQ scores should be abandoned.

Pointing out that IQ tests have developed in accordance with a specific era's beliefs, he argues that the growth of psychometric theory in the past 50 years has made the long-standing "unitary index of intelligence" unrealistic and less useful, and thus imposes reappraisal of the clinical functions of psychology.

The abandonment of the IQ concept would have widespread legal, educational, and clinical implications, says the author. Some of these, he points out, are:

- Change in many State laws regarding commitment to mental institutions, and in school procedures for classifying gifted and mentally retarded children.
- The development of criteria for predicting intellectual growth, taking into account examination of specific environmental conditions.
- The development of tests for analyzing personality patterns to provide the clinician with both a predictive and a diagnostic measure.
- Change in school testing programs to measure interest and personality along with educational achievement.

Guides and Reports

THE DONA ELENA PROJECT: a better-living program in an isolated rural community. Lydia J. Roberts. Department of Home Economics, University of Puerto Rico, Rio Piedras. 1963. 113 pp. $2.50. Also available from Photopress, Inc., Gardner at Congress, Broadview, Ill.

Describes a demonstration project in an isolated rural community in Puerto Rico in which a variety of community and home improvements radiated out from a focus on improved nutrition. The project was the prototype for 21 similar projects now under way under the Commission for Improvement of Isolated Communities.

REPORT OF HEALTH SERVICES FOR CHILDREN AND YOUTH OF DALLAS COUNTY—1963. Citizens Committee of the Dallas County Youth Study in cooperation with the Council of Social Agencies of Dallas. Dallas, Tex. August 1963. 170 pp. Free of charge on request.

A collection of reports and recommendations by a consultant team, giving a picture of what should be done to broaden and improve health services for mothers and children in Dallas, the publication covers maternity, child health, nursing, school health, school nursing, mental health, and dental health services and services for handicapped children.

YOUTH IN CONFLICT; Helping Behavior-Problem Youth in a School Setting. Bennetta Bullock Washington. Science Research Associates, 259 East Erie Street, Chicago, Ill., 60611. 1963. 78 pp. $1.50.

Describes teaching techniques used at a special school in Washington, D.C., for boys with severe disciplinary and emotional problems that impede learning. Offers suggestions for adaptation in a regular school setting to help disadvantaged or emotionally troubled students to reach their fullest potential.

AN INTENSIVE CASEWORK PROJECT IN CHILD PROTECTIVE SERVICES. Children's Division, American Humane Association, P.O. Box 1266, Denver, Colo. 1963. 34 pp. 35 cents.

Reporting on a 3-year project begun in 1958 by the Children's Protective Service, Pennsylvania Society to Protect Children from Cruelty, in which intensive casework was given to selected families with multiple problems, this pamphlet contains two principal papers—The Casework Service: Focus and Method; and The Overview Study: Purpose, Method, and Basic Findings—which were presented at the 89th Forum of the National Conference on Social Welfare held in Cleveland, Ohio, in May 1963.

STUDY OF TRAINEES IN MATERNAL AND CHILD HEALTH IN SCHOOLS OF PUBLIC HEALTH. Program Area Committee on Child Health of the American Public Health Association, 1790 Broadway, New York, 10019. 1963. 64 pp. (Mimeographed.) Single copies free on request from the chairman of the Committee, School of Public Health, University of California, Berkeley, Calif., 94720.

Summarizing data compiled from 1947 through 1961, this study presents information regarding the characteristics of 253 physicians, nurses, social workers, and nutritionists who majored in maternal and child health in schools of public health in the United States. Among other information included are data on present employment and salary; trainees' reasons for leaving the MCH field if they did; their opinions of training received and their suggestions for strengthening various areas of training.

HERE AND THERE

Future Child Population

On the basis of fertility levels somewhat lower than prevailed in 1960–63, the child population under 15 in the United States in 1980 may reach 75.7 million, a 35-percent increase as compared with 56.1 million children in 1960. By 1985, children under 15 would number 84.1 million, according to Series B projections of the population as now revised by the U.S. Bureau of the Census. The same Series B projections indicate a 50-percent increase in size of the maternal and newborn infant populations from the middle 1960's to the middle 1980's. Births in the fiscal year 1984–85 are estimated at 6.33 million as compared with the estimate for 1964–65 at 4.26 million.

With growth of the child population as indicated by Series B projections, the ratio of children to adults would increase from 673 children under 15 per 1,000 adults 25 to 64 years of age in 1960 to 737 per 1,000 in 1985, an increase of nearly 10 percent in children to be cared for by adults in their most productive years.

Series B projections are consistent with a fertility rate (number of live births per 1,000 women, 15 to 44 years of age) in 1965 at 110.3, which is below the 1957 peak of 121.2 and about 2 percent below the rate in 1962 (112.1). These projections rest on the assumption that the projected average number of children per 1,000 women at the end of their childbearing will approach 3,100. This rate of completed fertility corresponds roughly to the rate for women who were 60 to 64 years of age in 1940, for whom the rate of completed fertility was estimated at 3,076 children per 1,000 women.

In addition to the Series B projections, other series (A, C, and D) indicate the approximate future levels of population under other assumptions in respect to future fertility. Series A assumption corresponds roughly to a continuation of the average annual level of age specific fertility in the period 1960–63. Since fertility rates have shown recent decreases, the Series A projections may prove too high but are nonetheless instructive.

Series C and Series D projections rest on assumed rates for future fertility which are in turn still lower than those assumed in Series B.

All series share the same assumptions as to future mortality and annual net immigration. In the former case it is assumed that age-sex specific death rates during 1963–85 will decline only slightly; in the latter that the net gain annually will amount to 300,000.

The projections are designed to be consistent with high to moderately high economic activity. And they assume further that future mothers will have their children at the ages mothers did in 1959–61.

The projections are the first of the Bureau of the Census to employ the cohort method of projecting fertility. They supersede projections previously published in 1962 and in 1958, and are reported in "Projections of the Population of the United States by Age and Sex to 1985," *Current Population Reports*, Series P–25, No. 279, February 4, 1964.

A forthcoming "Current Population Report of the Bureau of the Census" will make available the complete results of the revision of projections and detailed description of method and assumptions.

Progress in Day Care

Representatives of 34 State advisory committees on day-care services attended a 1-day meeting in Washington, D.C., in mid-March, called by the Children's Bureau, to discuss the States' progress and problems in implementing the day-care provisions of the 1962 amendments to the Social Security Act. (See CHILDREN, September-October 1962, p. 199.)

At the opening session Esther Peterson, Assistant Secretary of Labor, spoke on the human costs of not having day-care services, emphasizing the importance of providing them in poverty-stricken areas as avenues of escape for deprived children. At the same session Ellen Winston, Commissioner of Welfare, while expressing satisfaction at the progress today of the nationwide movement for day care, pointed out that because of previous neglect the country will have difficulty keeping up with the increasing need.

Reports from representatives of State advisory committees revealed some directions in which the States' day-care programs are moving, usually with the help of Federal funds. For example:

- In *New Jersey*, plans are underway for intensive training of child welfare workers to increase their understanding of the use of day care as an integral part of treatment plans for children and families.
- In *Missouri*, a survey method has been developed for use by volunteers to assess need in their communities for day-care services.
- In *California*, day-care programs are being developed under public welfare auspices, family day-care services to be administered by local county departments of welfare, and day-care centers to be operated by the State Department of Social Welfare.
- In *Colorado*, the Colorado Springs department of public welfare is operating a day-care center for recipients of aid to families with dependent children in which mothers are taught better child care and housekeeping skills.
- In *Connecticut*, the State advisory committee on day care together with State colleges and universities and the departments of health and welfare have developed a comprehensive training program for day-care center operators.
- In *Minnesota*, 9 centers have been started for mentally retarded children since 1961, using State funds, and 30 more are planned.
- In *Oklahoma*, family day-care services are being provided under public welfare auspices, with the provision of casework to the parents—many of whom are teenagers struggling with job training, family responsibility, and low incomes.
- In *Tennessee*, the State welfare department has established four day-care projects in cooperation with local community agencies.
- In *North Carolina*, six day-care centers for migrant children were established in 1963 by local councils of churches and interested citizens, with the State child welfare division provid-

ing the centers with social services and purchasing care for children.

• In *Kentucky*, the Presbyterian school at Buckhorn and the State Department of Child Welfare have established a day-care program for mountain children.

• In *Maryland*, a conference on day care attended by 1,000 people has been followed by an obvious upswing in interest in day care throughout the State.

• In *Illinois*, a day-care center has been established under public auspices to include training programs for professional personnel, and family day-care service is being established in several parts of the State.

In the discussions following these presentations, the participants were especially concerned about the need for:

1. Greater understanding on the part of social workers in general and child welfare workers, especially about the place of day care in child welfare service.

2. Increased public understanding and support of day-care services.

3. A higher degree of cooperation and coordination among official agencies providing day-care services.

4. Finding new ways of financing day care at the State and local level.

5. Developing new ways to recruit and train day-care staff.

In a featured address, Mrs. Randolph Guggenheimer, president of the National Committee for the Day Care of Children, stressed the importance of citizen effort to upgrade the status of day care.

Cystic Fibrosis Programs

During the past 10 years, the number of States which provided some services to children with cystic fibrosis grew from 3 to 26, according to information recently gathered by the Children's Bureau.

Although cystic fibrosis has been recognized as a specific disease entity since 1938, it was not until the 1950's that a few State agencies started to include it in their State crippled children's programs. Among the earliest to do so were Maryland in 1952 and Iowa in 1954.

Provision for the specialized therapeutic management needed by these children, however, was first included in the federally aided programs of a few of the New England States, notably Connecticut in 1955 and Massachusetts in 1957. (See "A Program for Children With Cystic Fibrosis," by Victoria Shannon, CHILDREN, November–December 1961, page 207.) Currently, 22 States have made such comprehensive provision. These States are Alabama, California, Connecticut, Delaware, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, and Wisconsin.

Twelve of these States made special provision only since 1960 and of them New York and Delaware have just recently got their programs under way; in Alabama the program is being developed as a pilot project in one county but with the hope of extension to other counties.

In 4 of the 26 States, no formal cystic fibrosis programs have been instituted. Ohio, West Virginia, and Wyoming accept on an individual basis a few carefully selected cases; Alaska includes such cases in its chronic disease program.

Up to July 1963, the cumulative number of cystic fibrotic children receiving services through these 26 State programs was about 1,500 and ranged from 2 in Alaska to 452 in Massachusetts; California provided services to 232 children in the first 9 months of its specialized program which began in 1962. It is estimated that since July 1963, about 300 additional cases have been added to the total cumulative caseload of children seen for the disease through crippled children's programs.

Twenty-four States and the District of Columbia have no provision for cystic fibrotic children in their crippled children's programs. The chief reason given for this gap in services is insufficiency of State funds to cover costly drugs and the specialized services needed by most children with the disorder. Many States which include this disease in their service programs have had funds earmarked for the purpose by their legislatures.

Medical experts have pointed out that most deaths from the disease are due to pulmonary complications and that if the lungs can be kept clear of mucus and free of infection before irreversible damage takes place many children can be expected to live to adulthood and beyond. Experience already has shown that as the result of early diagnosis and immediate institution of a carefully supervised and continuous program of treatment the lifespan of children with cystic fibrosis has increased so that many are now going to school who might have died in infancy. (See "Cystic Fibrosis and Social Stress," by Dorothy H. Andersen, M.D., CHILDREN, January–February 1960, p. 9.)

Just how many children have undiagnosed cystic fibrosis and how many known to have the disease remain untreated is not known. A study of the incidence and prevalence of cystic fibrosis—a cooperative project of the Children's Bureau and the Public Health Service—which has been under way since 1959 is designed to give a clearer picture of the magnitude and seriousness of the problem. (See CHILDREN, November–December 1961, p. 208.) The study will be completed during 1965.

Family Law

Twenty-five persons from law school faculties, national law and social work organizations, and public and private social agencies attended a 2-day conference on research on family law and child welfare services, held in Chicago late in February under the auspices of the Children's Bureau. Purpose of the conference was to identify and plan research about areas of family law that have bearing on the provision of child welfare services, particularly services for mentally retarded children.

A variety of possible topics for inquiry emerged from the ensuing discussions, among them:

• What are the legal precedents regarding guardianship of the person? children of annulled marriages? social agencies' custody rights?

• In custody disputes, what really determines who gets the child?

• In States which require reporting of suspected child abuse, are cases being reported? What happens if they are?

• Whom does the social agency represent at a hearing—a particular child? the agency itself? all the children in the agency's care?

• To what extent are the social values still held which are embodied in specific laws, as, for example, laws concerning illegitimacy?

• What are the legal principles regarding the relative rights of State, children, and parents?

Most research of the type proposed, it was observed, would call for interdisciplinary teams of investigators, including both lawyers and social scientists. The possibility of several law schools setting up research centers for studies in family law was also discussed.

UNICEF Board Meeting

Departing from its custom of meeting in New York, the Executive Board of the United Nations Children's Fund (UNICEF) held its annual policy session in Bangkok, Thailand, in January 1964. The session was held in Asia in order to sharpen the focus on the needs of children in that region and to provide an opportunity for board members to see and appraise UNICEF-assisted projects in the field. Prior to its opening, small groups of board members visited six Asian countries in each of which a different type of UNICEF aid was studied: mother and child health (Indonesia); village water supplies (Pakistan); rural nutrition (India); malaria eradication (Iran); education (Thailand); and social services (Philippines). Their reports together with background papers prepared by the United Nations specialized agencies provided the basis for discussion at the Bangkok meeting.

In addressing the delegates, Julia Henderson, director of the United Nations Bureau of Social Affairs, noted that deep poverty, compounded by rapid population growth and slow economic growth, is the underlying cause of the region's social distress. She and others reported that in Asia:

- There are more homeless, handicapped, and delinquent children than 10 years ago.
- Malnutrition and lack of schooling are priority problems.
- More than half the world's population consumes only a quarter of the world's food supply.
- Less than half the children of primary age are in school and only a small proportion finish the primary grades.

Also on the program was a report and discussion of the Asian Population Conference held in New Delhi late in 1963, which recommended that Asian countries have a positive population policy, geared in with their overall economic and social planning.

Among the policy decisions taken at the session was one to continue UNICEF aid for malaria eradication, reported by many countries to be high on the list of children's needs. Certain safeguards were incorporated into the malaria policy to prevent imbalance between various types of UNICEF aid programs.

The board approved about $23 million in new assistance to 127 projects in 71 countries. More than half of the total was for health services and disease control; about 20 percent for nutrition; nearly 15 percent for education; and the remainder for welfare services, vocational training, and emergency aid.

The board decided that UNICEF may grant assistance to countries for regular evaluation of projects for children and youth which the countries are administering. It also decided on a timetable for global reviews of UNICEF's assistance programs, to be carried out with the specialized agencies concerned with technical advice in various fields.

Maurice Pate, executive director of UNICEF, reported that the agency's income from private sources had risen in 10 years from 2 to 20 percent of total contributions to UNICEF. He pointed out that UNICEF's total income must rise significantly over the next few years to permit the fund to continue its annual commitments at the present level.

In addition to 60 official delegates to UNICEF from 25 countries, the meeting was attended by representatives of cooperating international agencies, of UNICEF national committees, and of nongovernmental organizations having consultative status with UNICEF.

For Migrants

Ways of coordinating health services provided domestic migratory agricultural workers and their families came under discussion at a working conference on migrant health held in Washington, D.C., March 9–10, under the auspices of the Bureau of State Services, Public Health Service. Purpose of the conference was to discuss direct service projects being carried out with Federal funds under the Migrant Health Act. These range from simple sanitation projects to comprehensive health services.

A major focus of attention was the Health Service Index developed by the Florida State Board of Health. This index, an experimental system designed to facilitate referrals of migratory agricultural workers for health service continuity, is an extension of the ZIP code system developed by the U.S. Post Office Department. It is to be tested during the 1964 harvest season in 14 Florida counties which have agreed upon a basic health service program for migrant families.

Among the health services to be provided in these counties are: immunizations, prenatal and post partum services, child spacing service, health education, care of children with rheumatic fever, nursing care of the sick at home, and services to crippled children.

The conferees expressed interest in trying out the Health Service Index, or a modification thereof, along the entire east coast stream of migration if it works out successfully in Florida.

Among other projects described were mobile clinics, family health clinics, and day-care services.

Attending this conference were 47 professional health workers and volunteers from 12 States along the east coast, and Puerto Rico.

Homemaker Service

Evidence that the traditional homemaking tasks performed by homemakers sent into families in which illness is the major problem are often insufficient to meet the needs has prompted the Homemaker Service of the National Capital Area to include personal care as part of the services its 27 homemakers may provide. The new service, which was initiated last fall, is provided under administrative guidelines drawn up in cooperation with all the health services, public and voluntary, in the four counties and two cities which the agency serves and were endorsed by the Committee on Aging of the District of Columbia Medical Society.

The guidelines were prepared by a Special Professional Advisory Committee on Personal Care in Homemaker Service, formed at a meeting of representatives of the health agencies in September 1962, and composed of representatives of the nursing, legal, medical, and social work fields. After being approved by the health agencies and the medical society, they were adopted by the board of the Homemaker Service and put into practice. They include instructions about when personal care can be rendered by a homemaker, the training that the

homemaker must have to render such care, the supervision required, and the tasks such care may and may not include.

The guidelines provide that the determination of the patient's personal care needs be made by a physician or a public health nurse and that a public health nurse visit the home to give individualized instruction and supervision to the homemaker in rendering the care. They also provide that the homemaker may not initiate new personal care services, render any service to which the patient objects, or render any service not deemed suitable by the medical or nursing supervisor and the agency.

The personal care tasks included as suitable for a homemaker to perform are similar to those rendered by a nurse's aide in a hospital; the training prescribed is a course in home nursing skills as developed by the American Red Cross and modified for homemaker service, plus continued training by a physician or nurse in relation to specific cases.

Advisory Committees

Two national advisory committees were appointed in early March to help the Children's Bureau in its implementation of the 1963 Maternal and Child Health and Mental Retardation Planning Amendments to the Social Security Act. (See CHILDREN, November–December 1963, p. 243, and January–February 1964, p. 13.)

The Maternity and Newborn Advisory Committee will advise on maternity care policies, especially in relation to high risk mothers and their babies, program standards, and professional relationships. Its 14 members include 12 physicians, the majority of them obstetricians or pediatricians, a nurse administrator, and a public health social worker. They are: Willis E. Brown, M.D., Little Rock, Ark.; Hazel Corbin, New York, N.Y.; Goldie B. Corneliuson, M.D., Lansing, Mich.; C. William Daeschner, M.D., Galveston, Tex.; Edwin M. Gold, M.D., Brooklyn, N.Y.; Louis M. Hellman, M.D., Brooklyn, N.Y.; Robert A. Hingson, M.D., Cleveland Heights, Ohio; Howard Jacobson, M.D., Boston, Mass.; Lula O. Lubchenco, M.D., Denver, Colo.; Harold S. Morgan, M.D., Lincoln, Nebr.; Lewis D. Polk, M.D., Philadelphia, Pa.; Elizabeth Rice, Boston, Mass.; John D. Thompson, M.D., Atlanta, Ga.; and John Whitridge, Jr., M.D., Baltimore, Md.

The 15-member Technical Committee on Clinical Programs for Mentally Retarded Children is composed of a public health nurse, a specialized teacher, a research nutritionist, a psychiatric social worker, and 11 physicians, including 3 directors of mental retardation clinics. Its members are: John B. Bartram, M.D., Philadelphia, Pa.; Helen L. Beck, Philadelphia; Russell J. Blattner, M.D., Houston, Tex.; Joseph C. Denniston, M.D., Sand Springs, Okla.; Marian M. Holtgrewe, St. Louis, Mo.; Richard Koch, M.D., Los Angeles, Calif.; Marshall D. Kreidberg, M.D., Boston, Mass.; Bert N. La Du, M.D., New York, N.Y.; Alvina M. Looram, M.D., Santa Fe, N. Mex.; Reginald S. Lourie, M.D., Washington, D.C.; Helen Byrne McCormick, Kansas City, Mo.; John C. MacQueen, M.D., Iowa City, Iowa; A. R. Sharp, M.D., St. Louis, Mo.; Richard L. Sleeter, M.D., Portland, Oreg.; and Barbara Jean Umbarger, Cincinnati, Ohio.

For Youth

In the autumn of 1963, an award of an $800,000 grant was made under the Juvenile Delinquency and Youth Offenses Control Act for a youth demonstration project in New Haven, Conn., as a major segment of an ongoing "human renewal" program with more than 50 programs in education, job training, recreation, housing, and related fields. The award will help finance new programs in education, youth employment, and expanded efforts in recreation and correction, in six target neighborhoods.

Also, in the latter part of 1963, grants for setting up training centers for youth workers were $48,627 to Rutgers University and $51,953 to Boston University.

Grants made early this year in support of a major action program demonstrating ways of working effectively with the whole spectrum of community life were $704,071 to Action for Boston Community Development, and $267,460 to the Youth Opportunities Board of Greater Los Angeles. Grants for other action programs made in this fiscal year included $60,693 to the United Planning Organization, Washington, D.C.; $54,000 to Mobilization for Youth, New York City; and for the continuation of planning demonstration programs, $70,067 to Lane County, Oreg.; $23,050 to St. Louis, Mo.; $78,060 to Charleston, W. Va.; and $54,677 to the Mayor's Commission for Youth, Syracuse, N.Y.

Training grants made at the start of 1964, or late 1963, were: for curriculum development, $47,898 to the University of Southern California Youth Studies Center, $66,142 to University of California School of Criminology, $29,808 to the New York Medical College, New York City, $39,268 to the Philadelphia Psychiatric Center, $28,041 to Brigham Young University, Provo, Utah, $29,244 to the New York University Graduate School of Social Work, and $89,682 to the Vera Foundation of New York City; and for workshops, institutes, and seminars, $59,320 to the Federal Bureau of Prisons, $6,480 to the Lincoln Filene Center of Tufts University in Medford, Mass., $6,715 to the Council on Social Work Education, and $29,444 to the University of Utah in Salt Lake City.

* * *

A project to give job counseling and placement to about 700 out-of-school, out-of-work youths 16 to 18 years old from families receiving public aid was begun in February by the Community Council of Greater New York in cooperation with five guidance and placement agencies. A total of $338,000 in Federal Manpower Development and Training Act funds obtained through subcontract with Job Orientation in Neighborhoods (JOIN) supports the project for a year. The five agencies are the Archdiocesan Vocational Service, Federation Employment and Guidance Service, Vocational Service Department of the Urban League of Greater New York, Vocational Advisory Service, and the Vocational Service Center Branch of the Young Men's Christian Association.

The youths—likely to be school dropouts with poor work attitudes and motivation and multiple problems which long unemployment seems to intensify—are referred by the city's public welfare department. They receive direct, comprehensive, and individualized services from each participating agency, with the Community Council acting as coordinator. These services include, in addition to counseling and placement, testing, vocational evaluation, work adjustment training, academic instruction in weak subjects, and followup after placement.

READERS' EXCHANGE

Some Reflections on Adolescent Rebellion

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DRS. Bealer, Willits, and Maida, in their article, "The Rebellious Youth Subculture—A Myth" (CHILDREN, March-April 1964), have offered an interesting challenge to those who refer to the rebellion of the adolescent and the "subculture" of the adolescent group. However, they imply an interpretation of the writings of those who consider *both* a part of the psychology of adolescence that does not seem to me to be quite accurate.

It is characteristic of a successful rebellion that certain things are rebelled against and are abandoned, while other things remain intact. For example, the Thirteen Colonies rebelled against England, but as the new nation took form the law of the land became the English common law. At no time, as far as I know, even in the heat of the rebellion against England did the courts of the Colonies fail to use acceptable parts of the laws established by the English court.

This historical phenomenon relates very much to the adolescent. If his childhood relationship with his parents was satisfactory, the adolescent in attempting to achieve a sense of independence does not rebel against those standards which were instilled in his childhood that are basic to the interliving of our culture. Those standards are a source of primary security for him as he struggles to pass from childhood to adulthood. What he does rebel against are those aspects of the parent-child relationship that bind him to childhood, even though these aspects may be no longer considered important by the parents.

Furthermore, the adolescent makes a great gesture of his rebellion. He talks about it, he wears different clothes from what his parents consider appropriate, he does much as the rebellious people of the Colonies did when they burned the king in effigy. They did not kill the king; they only killed a harmless representation of him to give unity and conviction to their members and a symbolic expression of their goals.

Drs. Bealer, Willits, and Maida are impressed by the questionnaires that indicate that adolescents in answering questions bow to the dictates of their parents. It would be important to study all of those questions to determine which were valid answers in terms of the incorporated standards which the adolescent finds as a source of direction for adult living, and which are those we might anticipate he would in adulthood discard. Two considerations are important in evaluating the latter.

First, most adolescents are very frightened by their revolt against parental standards because they are uneasy about their ability to be wisely selective. When faced with a specific question which involves a pattern of behavior that they recognize as testing whether they will follow the dictates of their parents or will act independently, they are inclined to answer in the framework established by the parents.

One aspect of adolescence that is so confusing is that often the adolescent will verbalize standards that are derivatives of parental standards but much more restrictive. On the other hand, his behavior will be quite to the contrary. The only way adolescents can master the anxiety this contradiction creates is to seek the security of numbers and to express the differences in a group of their own peers. Even when adolescents are in a peer group and confronted by an adult they often will try to answer according to what they believe to be the adults' criteria.

On the other hand, if the results of the questionnaires actually represent the attitude of the adolescent, if he really thinks politically, socially, and philosophically according to the attitudes of his parents, we perhaps should reexamine what we are doing to our present adolescents. If adolescents follow the convictions of their parents in all areas, we cannot anticipate that with maturation they will contribute to an improvement of our culture.

It is usually from the confusion of the adolescent that finally an enrichment of a philosophy evolves. If that were not true, the people who are concerned about the more "liberal" courses given in high schools and universities could be assured that their anxiety was unfounded; that their sons would believe as they the parents believe. If adolescents are already so fixed in their attitudes, we should abandon our courses in philosophy or any others that we feel influence a resolution of the adolescent's confusion, a confusion based upon his need to find his own identity as an individual rather than remaining simply a reflection of his parents.

True, dropouts from high school from families with low economic status probably reflect to a certain extent their parents' attitude toward education. As the adolescent strives to formulate his future goal, he undoubtedly draws on the internalized goals his parents have revealed. One wonders whether in the case of a school dropout it is not important to help him to rebel against his parents' standards in this regard. If the concept of Drs. Bealer, Willits, and Maida that the adolescent is not particularly rebellious is true, we might as well give up on the problems of school dropouts among young people whose parents do not value education.

Psychiatrists cannot argue with sociologists in regard to sociological terms. However, it seems to me that Drs. Bealer, Willits, and Maida start

out discussing a subculture and end discussing a culture. I have been taught, in the limited sociological work that I have had, that the characteristic of a subculture is that many mores of the culture are maintained while certain aspects are different. Therefore, a subculture is a branch of the parent culture, rather than something entirely different. By this definition it would seem that the adolescent does have a subculture. Following most of the basic tenets of the culture with which he is familiar, he creates differences.

Drs. Bealer, Willits, and Maida comment that adults introduce new words into their vocabulary and into the vocabulary of the culture. This is certainly true, but adults make a real attempt to make those new words familiar to everyone. Adolescents, on the other hand, have their own language that only by happenstance becomes understandable to the adults who are in contact with them. When an adolescent is asked to define some of the terms he uses, he often finds it difficult to do so accurately without using some of the adolescent's own language. This is reminiscent of the foreigner who can find no English word that quite expresses what a certain word means in his native language.

Drs. Bealer, Willits, and Maida refer to the "lower class culture," though, in spite of some differences in attitudes toward education, many of the values of people of low socioeconomic status are the same as those of the general culture but only expressed differently. Yet these authors do not consider the average adolescent, who places a high value on what other adolescents wear and do, a member of a subculture because he has many values in common with adults.

LECKNER: ***What are the specifics?***

In addition to calling attention to a program with a constructive administrative approach to service to families with mentally retarded children who remain in the home, Eleanor J. Leckner's article presents a good case study of planning and implementing an interagency, interdisciplinary demonstration program leading to an established community service. ["The Public Health Nurse in a Program for the Mentally Retarded," CHILDREN, March–April 1964.]

In describing this, the author records these developments particularly in relation to the public health nursing staff, indicating in broad terms the function of nursing in assessment and providing an excellent illustration of pertinent observations and interpretations made by a nurse. Since the role of public health nursing in the currently emphasized programs for care of the mentally ill and retarded at home is not well understood, it is unfortunate that this role was not more explicitly defined and illustrated. Responsibility for "followup" and for providing "emotional support," for example, do not provide a definitive picture of purpose, practice, and result.

Perhaps in referring to the wealth of data in nursing records, which could be used for significant research to answer questions about nursing service to families of the retarded, the author has this more explicit development of role in mind. If so, may she find ways to have the data used.

Dorothy Wilson
Executive Director
Evelyn Gilbertson
Mental Health Consultant
Community Nursing Services of Philadelphia

MORRIS et al.: ***Two knotty areas***

Morris, Gould, and Matthews, in their article in the March–April 1964 issue of CHILDREN, do the field of social work a service by identifying the "socal signs" of neglect and abuse which have implications for child protection. ["Toward Prevention of Child Abuse," by Martin G. Morris, Robert W. Gould, and Patricia J. Matthews.]

Now we are ready to move into the knotty areas which have received far too little emphasis—referrals and designation of a "responsible" agency. At this point I would make two suggestions: (1) that referrals be based on the symptom of neglect or abuse, regardless of other symptoms, and (2) that the responsible agency be one which assumes a total responsibility for child protection.

One of the deterrents to a coordinated approach to child neglect and abuse has been that many agencies, assuming a limited degree of professional responsibility, accept such cases on the basis of symptoms other than child abuse. Frequently these symptoms constitute causal factors, such as feelings involved in marital discord, neurotic anxieties, or parental depression, or the impact of the social environment on the family unit. The problems which then arise are: (1) the tendency to minimize the fact of abuse, and to maximize only one or a few of the many causal factors involved; and (2) the fact that a counseling oriented agency is now involved with parents who have, and still may be, violating child neglect statutes.

One questions whether an agency not including child placing and work with courts as an aspect of its basic service can offer appropriate protection to the abused child. Is adequate protection then possible if a situation is hurriedly referred to a protective agency for "instant" legal intervention?

If we are to refer child neglect and abuse cases for service on the basis of the symptoms of neglect or abuse, the "responsible" agency will have to be an agency with its existence based in law and with an "extended concept of treatment" which allows for a full range of services for the protection of children. Such an agency could then offer full "case management" in child abuse cases, thus preventing lags or breakdown in the total protective effort. This would then place one agency in a position of offering the various types of services needed, or of being responsible for obtaining appropriate adjunctive services.

The agency in the most advantageous position to be the agency of case management would seem to be a public child welfare agency—especially if it offers a sound basic child protective service.

Edgar J. Merrill
Director, Division of Child Welfare, Maine State Department of Health and Welfare

PKU: ***A casefinding project***

Because of the work we have been doing, the item on the Maryland study on phenylketonuria is of special interest to us. (See CHILDREN, January–February 1964, pp. 36–37.)

We began PKU screening of new-

borns in August 1961. When the infant is 3 weeks of age we send the parents a PKU kit which includes a letter of explanation, three Phenistix, and an addressed postal card to inform us of the test results. We are getting an 80-percent return.

In the 2½ years we have been screening newborns for PKU in this way, we have found but two positive cases as a direct result of the screening program. These are of great medical interest since they are identical female twins. On the other hand, through the testing of retarded children and adults, we have uncovered 16 previously undiagnosed cases of PKU. Since phenylketonuria is a hereditary condition, we have done extensive pedigree work among these known cases, watching closely relatives who may be pregnant or who are of reproductive age. By this method we have diagnosed three infants still young enough to be benefited by the low phenylalanine diet. Except for these three, the remainder were too old to be helped by the diet even though they are of utmost importance in our casefinding and pedigree work.

Thus we have five infants on the low phenylalanine diet; two who were discovered by our newborn-screening program and three discovered through our pedigree work.

In this work we are being assisted by an investigative team from the Human Genetics and Pediatric Departments of the University of Michigan.

Paul H. Martin, M.D.
Commissioner of Health, Elkhart County Health Unit, Indiana

Films on Child Life

Films listed here have been reviewed by staff members of the Children's Bureau. The listing does not constitute endorsement of a film, but indicates that its contents have merit. Charges for rental or purchase, not given because they change, may be obtained from distributors.

IS SMOKING WORTH IT? 19 minutes; color; sound; loan.

This direct appeal to teenagers and adults to stop smoking uses animated charts and graphs to show facts about the association between cigarette smoking and lung cancer. It presents an unrehearsed discussion by four teenagers of their attitudes toward smoking and a brief interview by a clinical psychologist with two parents who tried to give up smoking—one successfully.

Audience: Teenagers and adults; school administrators; other professional and lay adult members of youth-serving community organizations and clubs.

Produced by: American Cancer Society.

Distributed by: American Cancer Society, 219 East 42d Street, New York, N.Y., 10017. (For loan from local divisions of the Society.)

TESTING MULTIPLE HANDICAPPED CHILDREN. 30 minutes; black and white; sound; purchase.

Presenting some of the testing techniques used at the Brooklyn Jewish Hospital for assessing the individual learning potential of multiply handicapped children with different types of severe handicaps, this film demonstrates with three children: one with severe cerebral palsy and a related speech problem; another with severe visual and auditory impairments; and the third, hyperactive and mentally retarded.

Audience: Professional persons who work with handicapped children; all professionals interested in human growth and development.

Produced by: United Cerebral Palsy Associations.

Distributed by: United Cerebral Palsy Associations, Inc., General Services Department, 321 West 44th Street, New York, N.Y., 10036.

GROWING UP WITH DEAFNESS. 31½ minutes; color; sound; purchase.

Tracing the progress in emotional growth and mastery of speech made over a 10-year period by 12 deaf children who appeared in an earlier film, "That the Deaf May Speak," this before and after presentation shows the relationship of this progress to the children's ability to function adequately in a hearing world.

Audience: Rehabilitation counselors; speech specialists; teacher trainees; casework groups; parents; official or volunteer professional and lay groups concerned with deaf children.

Produced by: Campus Film Productions for the Lexington School for the Deaf.

Distributed by: Ideal Pictures Corp., 53 East South Water Street, Chicago, Ill., 60601.

HEADED FOR TROUBLE. 29 minutes (TV version), and 41 minutes (includes 7½-minute discussion trailer); sound; black and white; purchase or rent.

This discussion film has the purpose of improving police methods of handling juveniles by stimulating discussion of the methods dramatized. It shows both uniformed and juvenile police and juvenile court officers in a suburban area handling three typical juvenile cases—the youngster who is headed for trouble, the juvenile who has committed an offense, and the emotionally disturbed juvenile offender.

Audience: Police officers, PTA groups, juvenile court personnel, general community groups, guidance and counseling groups, and mental health personnel.

Produced by: Potomac Films, Inc.

Distributed by: Public Affairs Committee, 22 East 38th Street, New York 10016.

Photo Credits

Frontispiece, Play Schools Assn., N.Y.

Page 84, National Institutes of Health, Bethesda, Md.

Page 89, Esther Bubley for the Children's Bureau.

Page 90, Harold Corsini, Pittsburgh, Pa.

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SOME U.S. GOVERNMENT PUBLICATIONS FOR PROFESSIONAL WORKERS

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A DIRECTORY OF SPECIALISTS IN PARENT EDUCATION. Armin Grams and Muriel W. Brown. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1963. 53 pp. Single copies available from the Bureau without charge.

In addition to the names, addresses, and official titles of persons known to be engaged in parent education in the United States or Canada, this directory includes information on their agency affiliations, major responsibilities, and educational background. An index subdivides the alphabetical listing under 42 States and Canada.

PHENYLKETONURIA: a selected bibliography, 1963. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1964. 74 pp. 45 cents.

GALACTOSEMIA; a selected bibliography, 1963. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. 1964. 38 pp. 30 cents.

These bibliographies list selected references published on two metabolic disorders associated with mental retardation. The one on phenylketonuria extends a bibliography first issued in 1961 to include reports published since 1960. The one on galactosemia is the first compiled by the Children's Bureau on the subject. References are divided into sections devoted to reviews of clinical observations and the pathological, biochemical, and genetic aspects, among others.

YOUNG WORKERS. Their Special Training Needs. Department of Labor, Office of Manpower, Automation, and Training. Manpower Research Bulletin No. 3. May 1963. 19 pp. Copies available from the Office of Manpower, Automation, and Training without charge.

This bulletin reviews the training needs and the status of training for youths between the ages of 14 and 19 years with a high school education or less, who will be entering the labor force during the decade of the 1960's; discusses the special training needs of those who will face more difficult problems because of racial discrimination, physical and mental handicaps, or economic and cultural deprivation; and includes illustrative charts and tables.

THE STEPS AHEAD. Report of a Conference held by the Citizens' Committee for the Fiftieth Anniversary of the Children's Bureau, April 9, 1963. Department of Health, Education, and Welfare, Welfare Administration, Children's Bureau. CB Publication No. 408. 1963. 27 pp. 15 cents.

This pamphlet presents a digest of the deliberations of a 1-day conference on the implications of the report of the President's Panel on Mental Retardation attended by 75 participants from a variety of fields and disciplines. (See CHILDREN, May–June 1963, page 123.)

NEW DIRECTIONS IN HEALTH, EDUCATION, AND WELFARE. Background Papers on Current and Emerging Issues. Department of Health, Education, and Welfare, Office of the Assistant Secretary (for Legislation), Office of Program Analysis. 1963. 261 pp. $1.50.

Commemorating the 10th anniversary of the Department of Health, Education, and Welfare, this volume contains summaries of five Presidential messages concerned with health, education, or welfare, and a group of papers on public policy aspects of programs in these fields, selected from the Department's monthly publication *Health, Education, and Welfare Indicators*.

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